

○ 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）の一部改訂について（新旧対照表）

| 改 定 後   | 現 行   |
|---|---|
| <p>福岡県農林水産部（県営農業農村整備事業）<br/>電子納品運用ガイドライン（案） <b>令和3年6月</b></p> <p>1. 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）の目的<br/>福岡県では、福岡県電子県庁推進計画（平成13年12月）に基づき、行政サービスの向上を目的とした公共事業の調達業務の電子化を推進しており、その施策として農林水産部では「福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）」（以下、「本ガイドライン案」という。）を作成し、農林水産部所管の県営農業農村整備事業に係る電子納品の運用を実施することとします。</p> <p>福岡県農林水産部の県営農業農村整備事業に係る電子納品は、農林水産省農村振興局策定の電子納品に係る各要領（案）及びガイドライン（案）等に準拠しますが、「本ガイドライン案」と、農林水産省農村振興局策定の電子納品に係る各要領（案）及びガイドライン（案）等と異なる事項は「本ガイドライン案」が優先するものとします。</p> <p>なお、「本ガイドライン案」については電子納品の運用状況を見ながら順次見直しを図っていく予定です。</p> <p>※なお、工事については、「本ガイドライン案」中の「受注者」を「請負者」と読み替えるものとする。</p> <p>2 ～ 3 【省略】</p> <p>4. 適用基準</p> <div data-bbox="157 1335 1308 1472" style="border: 1px solid black; padding: 5px;"> <p>農林水産部（県営農業農村整備事業）における電子納品の成果物に格納する電子データ及びファイルフォーマット等は、農林水産省が策定する各要領（案）及びガイドライン(案)に準拠するものとします。</p> </div> <p>電子納品は、成果品を電子データで納品することで、あらゆる業務段階（測量調査設計・工事発注・施工管理・維持管理）を通して、データの有効活用を図るものです。そのため、データの作成に関して一定の統一基準を設けておくことで、各機関間でのデータの有効活用が可能となり、様々な分野で効果が発揮されることとなります。</p> <p>以上のことから、本県においても国が定めた各要領（案）及びガイドライン（案）に準拠するものとして、電子成果品の仕様を定めます。また、適用時期についても国に準ずることとします。</p> <p>なお、各要領（案）及びガイドライン（案）は、農林水産省ホームページの電子納品に関するページを参照してください。</p> | <p>福岡県農林水産部（県営農業農村整備事業）<br/>電子納品運用ガイドライン（案）<del>【基本編】</del> <b>平成28年10月</b></p> <p>1. 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）の目的<br/>福岡県では、福岡県電子県庁推進計画（平成13年12月）に基づき、行政サービスの向上を目的とした公共事業の調達業務の電子化を推進しており、その施策として農林水産部では「福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）」（以下、「本ガイドライン案」という。）を作成し、農林水産部所管の県営農業農村整備事業に係る電子納品の運用を実施することとします。</p> <p>福岡県農林水産部の県営農業農村整備事業に係る電子納品は、農林水産省農村振興局策定の電子納品に係る各要領（案）及びガイドライン（案）等に準拠しますが、「本ガイドライン案」と、農林水産省農村振興局策定の電子納品に係る各要領（案）及びガイドライン（案）等と異なる事項は「本ガイドライン案」が優先するものとします。</p> <p><del>なお、差異や県独自の取り決め等は別途【参考資料編】に掲載しています。</del></p> <p>なお、「本ガイドライン案」については電子納品の運用状況を見ながら順次見直しを図っていく予定です。</p> <p>※なお、工事については、「本ガイドライン案」中の「受注者」を「請負者」と読み替えるものとする。</p> <p>2 ～ 3 【省略】</p> <p>4. 適用基準</p> <div data-bbox="1573 1335 2724 1472" style="border: 1px solid black; padding: 5px;"> <p>農林水産部（県営農業農村整備事業）における電子納品の成果物に格納する電子データ及びファイルフォーマット等は、農林水産省が策定する各要領（案）及びガイドライン(案)に準拠するものとします。</p> </div> <p>電子納品は、成果品を電子データで納品することで、あらゆる業務段階（測量調査設計・工事発注・施工管理・維持管理）を通して、データの有効活用を図るものです。そのため、データの作成に関して一定の統一基準を設けておくことで、各機関間でのデータの有効活用が可能となり、様々な分野で効果が発揮されることとなります。</p> <p>以上のことから、本県においても国が定めた各要領（案）及びガイドライン（案）に準拠するものとして、電子成果品の仕様を定めます。また、適用時期についても国に準ずることとします。</p> <p>なお、各要領（案）及びガイドライン（案）は、農林水産省ホームページの電子納品に関するページを参照してください。</p> |

○ 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）の一部改訂について（新旧対照表）

| 改 定 後                        |                            |                         |                              |  | 現 行                        |                  |                           |         |  |
|------------------------------|----------------------------|-------------------------|------------------------------|--|----------------------------|------------------|---------------------------|---------|--|
| 表1 電子納品に係る各要領・ガイドライン(案)      |                            |                         |                              |  | 表1 電子納品に係る各要領・ガイドライン(案)    |                  |                           |         |  |
|                              | 要領・基準名                     | 策定年月                    | 策定者                          | 入手先(ダウンロード)  |                            | 要領・基準名           | 策定年月                      | 策定者     | 入手先(ダウンロード)  |
| 工事                           | 工事完成図書の電子納品要領(案)           | H31. 3                  | 農林水産省                        | 農林水産省<br>「農業農村整備事業の<br>電子納品要領等」<br><br><a href="http://www.maff.go.jp/j/nousin/seko/nouhin_youryou/index.html">http://www.maff.go.jp/j/nousin/seko/nouhin_youryou/index.html</a> | 工事                         | 工事完成図書の電子納品要領(案) | H23. 3                    | 農林水産省   | 農林水産省<br>「農業農村整備事業の<br>電子納品要領等」<br><br><a href="http://www.maff.go.jp/j/nousin/seko/nouhin_youryou/index.html">http://www.maff.go.jp/j/nousin/seko/nouhin_youryou/index.html</a> |
|                              | 電子納品運用ガイドライン(案)【工事編】       | H31. 3                  | 〃                            |  |                            | 設計               | 電子納品運用ガイドライン(案)【工事編】      | H24. 3  |  |
| 設計                           | 設計業務等の電子納品要領(案)            | H31. 3                  | 〃                            |  | 設計                         |                  | 設計業務等の電子納品要領(案)           | H23. 3  |  |
|                              | 電子納品運用ガイドライン(案)【業務編】       | H31. 3                  | 〃                            |  |                            | 測量               | 電子納品運用ガイドライン(案)【業務編】      | H24. 3  |  |
| 測量                           | 測量成果電子納品要領(案)              | H31. 4                  | 〃                            |  | 測量                         |                  | 測量成果電子納品要領(案)             | H24. 3  |  |
|                              | 電子納品運用ガイドライン(案)【測量編】       | H31. 4                  | 〃                            |  |                            | 地質・土質            | 電子納品運用ガイドライン(案)【測量編】      | H24. 12 |  |
| 地質・土質                        | 地質・土質調査成果電子納品要領(案)         | H31. 3                  | 〃                            |  | 地質・土質                      |                  | 地質・土質調査成果電子納品要領(案)        | H24. 12 |  |
|                              | 電子納品運用ガイドライン(案)【地質・土質調査編】  | H31. 3                  | 〃                            |  |                            | 図面               | 電子納品運用ガイドライン(案)【地質・土質調査編】 | H24. 12 |  |
| 図面                           | 電子化図面データの作成要領(案)           | H31. 3                  | 〃                            |  | 図面                         |                  | 電子化図面データの作成要領(案)          | H23. 3  |  |
|                              | 電子化図面データ作成運用ガイドライン(案)      | H31. 3                  | 〃                            |  |                            | 写真               | 電子化図面データ作成運用ガイドライン(案)     | H24. 3  |  |
| 写真                           | 電子化写真データの作成要領(案)           | H31. 3                  | 〃                            | 写真   | 電子化写真データの作成要領(案)           |                  | H23. 3                    | 〃       |  |
|                              | 電気通信設備                     | 工事完成図書の電子納品要領(案)電気通信設備編 | H31. 3                       |  | 〃                          | 電気通信設備           | 工事完成図書の電子納品要領(案)電気通信設備編   | H17. 4  | 〃  |
| 電子納品運用ガイドライン(案)【電気通信設備工事編】   |                            | H31. 3                  | 〃                            | 電子納品運用ガイドライン(案)【電気通信設備工事編】   | H25. 3                     |                  | 〃                         |         |  |
| 設計業務等の電子納品要領(案)電気通信設備編       |                            | H31. 3                  | 〃                            | 設計業務等の電子納品要領(案)電気通信設備編   | H25. 3                     |                  | 〃                         |         |  |
| 電子納品運用ガイドライン(案)【電気通信設備業務編】   |                            | H31. 3                  | 〃                            | 電子納品運用ガイドライン(案)【電気通信設備業務編】   | H25. 3                     |                  | 〃                         |         |  |
| 電子化図面データの作成要領(案)電気通信設備編      |                            | H31. 3                  | 〃                            | 電子化図面データの作成要領(案)電気通信設備編  | H25. 3                     |                  | 〃                         |         |  |
| 電子化図面データ作成運用ガイドライン(案)電気通信設備編 |                            | H31. 3                  | 〃                            | 電子化図面データ作成運用ガイドライン(案)電気通信設備編   | H25. 3                     |                  | 〃                         |         |  |
| 機械設備工事                       | 工事完成図書の電子納品要領(案)機械設備工事編    | H31. 3                  | 〃                            | 機械設備工事   | 工事完成図書の電子納品要領(案)機械設備工事編    | H19. 4           | 〃                         |         |  |
|                              | 電子納品運用ガイドライン(案)【機械設備工事編】   | H31. 3                  | 〃                            |  | 電子納品運用ガイドライン(案)【機械設備工事編】   | H26. 3           | 〃                         |         |  |
|                              | 設計業務等の電子納品要領(案)機械設備工事編     | H31. 3                  | 〃                            |  | 設計業務等の電子納品要領(案)機械設備工事編     | H26. 3           | 〃                         |         |  |
|                              | 電子納品運用ガイドライン(案)機械設備工事編【業務】 | H31. 3                  | 〃                            |  | 電子納品運用ガイドライン(案)機械設備工事編【業務】 | H26. 3           | 〃                         |         |  |
|                              | 電子化図面データの作成要領(案)機械設備工事編    | H31. 3                  | 〃                            |  | 電子化図面データの作成要領(案)機械設備工事編    | H26. 3           | 〃                         |         |  |
| 電子化図面データ作成運用ガイドライン(案)機械設備工事編 | H31. 3                     | 〃                       | 電子化図面データ作成運用ガイドライン(案)機械設備工事編 | H26. 3   | 〃                          |                  |                           |         |  |

※策定年月は、令和3年6月時点の最新のもの。

※策定年月は、平成28年10月時点の最新のもの。

5～8 【省略】

5～8 【省略】


9. 電子データを用いた書類検査

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9. 1 【省略】

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○ 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）の一部改訂について（新旧対照表）

| 改 定 後  | 現 行  |
|--|--|
| <p>9. 2 電子成果品（CD-R等）の内容確認</p> <p>業務委託あるいは工事完了時には、「電子成果品確認用チェックシート」を用いて、電子成果品の内容確認及び紙成果品との照合を行います。</p> <p>(1) 電子媒体の確認</p> <p>受注者は、業務委託あるいは工事完了にあたり、電子データを格納したCD-R（DVD-R）（正1、副各1枚）とともに、<b>署名</b>した電子媒体納品書を提出する。発注担当者は、提出された電子媒体のラベルの記載内容について確認を行う。</p> <p>(2)～(6) 【省略】</p>                                   | <p>9. 2 電子成果品（CD-R等）の内容確認</p> <p>業務委託あるいは工事完了時には、「電子成果品確認用チェックシート」を用いて、電子成果品の内容確認及び紙成果品との照合を行います。</p> <p>(1) 電子媒体の確認</p> <p>受注者は、業務委託あるいは工事完了にあたり、電子データを格納したCD-R（DVD-R）（正1、副各1枚）とともに、<b>署名・捺印</b>した電子媒体納品書を提出する。発注担当者は、提出された電子媒体のラベルの記載内容について確認を行う。</p> <p>(2)～(6) 【省略】</p>                                |
| <p>10. ラベルについて</p> <p>・CD-R（DVD-R）に用いるラベルについては以下の例（工事）に従うものとします。</p>    | <p>10. ラベルについて</p> <p>・CD-R（DVD-R）に用いるラベルについては以下の例（工事）に従うものとします。</p>   |
| <p>記載項目の説明</p> <ul style="list-style-type: none"> <li>① 契約書記載のものとします。</li> <li>② 完成年月を記載します。複数に渡る場合は○／全枚数を記載します。</li> <li>③ CORINS（※業務はAGRIS）番号を記載します。</li> <li>④ 主任技術者（※業務は管理技術者）が自筆で署名します。</li> <li>⑤ 「正」または「副」の別を記載します。</li> <li>⑥ 発注者名及び請負者（※業務は受注者）名を記載します。</li> <li>⑦ ウイルス対策に関することを記載します。</li> </ul> | <p>記載項目の説明</p> <ul style="list-style-type: none"> <li>① 契約書記載のものとします。</li> <li>② 完成年月を記載します。複数に渡る場合は○／全枚数を記載します。</li> <li>③ CORINS（※業務はAGRIS）番号を記載します。</li> <li>④ 主任技術者（※業務は管理技術者）が自筆で署名します。</li> <li>⑤ 「正」または「副」の別を記載します。</li> <li>⑥ 発注者名及び請負者（※業務は受注者）名を記載します。</li> <li>⑦ ウイルス対策に関することを記載します。</li> </ul> |





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| 改 定 後   | 現 行   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|---|---|------------------|---------------------------|----|--|--|--|--|-------|--|--|--|-----|--|--|--|-----|--|--|--|-----|--|--|--|------|--|--|--|----|-----------------|--|--|-----|---------|--|--|-----|--|--|------|--|--|-----------|--|--|-----|---------|--|--|-----|--|--|------|--|--|-----------|--|--|--|--|--|--|-----|---|--|-----|---|--|-------|----------------|----------|---------------------------|-------|-----|--|--|------|--|--|-------|--|--|-----|--|--|--------|------------|------------------|--|----|-----------------|----------------|--|-----|--|--|--|-----|---------|-------|--|-------|-----|--|-------|-------|---|-------|-------|---|-------|-------|---|-------|-------|--|-------|-------|--------------------------|-------|--|--------------------------|-------|--|--------------------------|-------|--|---|----|----|----|----|--|--|--|--|-------|--|--|--|-----|--|--|--|-----|--|--|--|-----|--|--|--|------|--|--|--|----|-----------------------|--|--|-----|---------|--|--|-----|--|--|------|--|--|-----------|--|--|-----|---------|--|--|-----|--|--|------|--|--|-----------|--|--|--|--|--|--|-----|---|--|-----|---|--|-------|----------------|----------|---------------------------|-------|-----|--|--|------|--|--|-------|--|--|-----|--|--|--------|------------|------------------|--|----|-----------------|----------------|--|-----|--|--|--|-----|---------|-------|--|---------|-----|--|---------|-------|---|---------|-------|---|---------|-------|---|---------|-------|--------------------------|---------|--|--------------------------|---------|--|--------------------------|---------|--|
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| 担当  | 係員  | 係長               | 課長                        |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 設計書番号   |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 事業名   |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 地区名   |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 工事名   |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 起工番号  |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 工期  | □□年□月□日～□□年□月□日   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 発注者   | 事務所名/課名   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | 役職名   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | 担当者名  |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | 連絡先(電話番号)   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 請負者   | 会社名/部署名   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | 役職名   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | 担当者名  |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | 連絡先(電話番号)   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 電子納品の是非 <input type="checkbox"/> 電子納品を行う <input type="checkbox"/> 今回は電子納品を行わない（8）へ  |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 発注者   | 電子メール添付ファイルの容量制限 <input type="checkbox"/> Mbyte未満<br>大容量ファイルの添付方法 <input type="checkbox"/> 分割する <input type="checkbox"/> LZH形式 <input type="checkbox"/> ZIP形式 <input type="checkbox"/> その他（ ） |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 請負者   | 電子メール添付ファイルの容量制限 <input type="checkbox"/> Mbyte未満<br>大容量ファイルの添付方法 <input type="checkbox"/> 分割する <input type="checkbox"/> LZH形式 <input type="checkbox"/> ZIP形式 <input type="checkbox"/> その他（ ） |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 基本ソフト   | ソフト名もしくはファイル形式  | 発注者利用ソフト         | 受注者利用ソフト<br>(バージョンを含めて記載) |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 文書作成等   | 一太郎   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | Word  |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | Excel   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | その他   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| GAD 図面  | SXF(SFC)形式  | OCF検定認証ソフトウェア 利用 |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 写真  | JPEG(またはTIFF)形式   | 電子納品検査プログラム 利用   |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| その他   |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 名 称   | 発 行 年 月   | 発 行 者            |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/> 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン(案)  | □□年□月   | 福岡県              |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/> 工事完成図書(案)の電子納品要領(案)  | □□年□月   | 農林水産省            |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/> 電子納品運用ガイドライン(案)【工事編】   | □□年□月   | 農林水産省            |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/> 電子化図書データの作成要領(案)   | □□年□月   | 農林水産省            |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/> 電子化写真データの作成要領(案)   | □□年□月   | 農林水産省            |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/> 電子化図書データ作成運用ガイドライン(案)  | □□年□月   | 農林水産省            |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/>  | □□年□月   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/>  | □□年□月   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/>  | □□年□月   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 担当  | 係員  | 係長               | 課長                        |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 設計書番号   |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 事業名   |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 地区名   |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 工事名   |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 起工番号  |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 工期  | 平成 年 □月 □日～平成 年 □月 □日   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 発注者   | 事務所名/課名   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | 役職名   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | 担当者名  |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | 連絡先(電話番号)   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 請負者   | 会社名/部署名   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | 役職名   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | 担当者名  |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | 連絡先(電話番号)   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 電子納品の是非 <input type="checkbox"/> 電子納品を行う <input type="checkbox"/> 今回は電子納品を行わない（8）へ  |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 発注者   | 電子メール添付ファイルの容量制限 <input type="checkbox"/> Mbyte未満<br>大容量ファイルの添付方法 <input type="checkbox"/> 分割する <input type="checkbox"/> LZH形式 <input type="checkbox"/> ZIP形式 <input type="checkbox"/> その他（ ） |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 請負者   | 電子メール添付ファイルの容量制限 <input type="checkbox"/> Mbyte未満<br>大容量ファイルの添付方法 <input type="checkbox"/> 分割する <input type="checkbox"/> LZH形式 <input type="checkbox"/> ZIP形式 <input type="checkbox"/> その他（ ） |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 基本ソフト   | ソフト名もしくはファイル形式  | 発注者利用ソフト         | 受注者利用ソフト<br>(バージョンを含めて記載) |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 文書作成等   | 一太郎   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | Word  |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | Excel   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
|   | その他   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| GAD 図面  | SXF(SFC)形式  | OCF検定認証ソフトウェア 利用 |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 写真  | JPEG(またはTIFF)形式   | 電子納品検査プログラム 利用   |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| その他   |   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| 名 称   | 発 行 年 月   | 発 行 者            |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/> 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン(案)  | 平成 年 □月   | 福岡県              |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/> 工事完成図書(案)の電子納品要領(案)  | 平成 年 □月   | 農林水産省            |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/> 電子化図書データの作成要領(案)   | 平成 年 □月   | 農林水産省            |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/> 電子化写真データの作成要領(案)   | 平成 年 □月   | 農林水産省            |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/> 電子納品運用ガイドライン(案)【工事編】   | 平成 年 □月   | 農林水産省            |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/>  | 平成 年 □月   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/>  | 平成 年 □月   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |
| <input type="checkbox"/>  | 平成 年 □月   |                  |                           |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                 |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |       |     |  |       |       |   |       |       |   |       |       |   |       |       |  |       |       |                          |       |  |                          |       |  |                          |       |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |    |                       |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |          |                           |       |     |  |  |      |  |  |       |  |  |     |  |  |        |            |                  |  |    |                 |                |  |     |  |  |  |     |         |       |  |         |     |  |         |       |   |         |       |   |         |       |   |         |       |                          |         |  |                          |         |  |                          |         |  |

○ 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）の一部改訂について（新旧対照表）

| 改 定 後  |   |           |     |     | 現 行  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
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| フォルダ   | サブフォルダ  | ファイル形式    | 作成者 |     |  |  |  | チェック欄<br>○：電子<br>△：紙<br>×：不要  | 備 考   |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  |   |           | 発注者 | 請負者 |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 工事管理ファイル   |   | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 発注図面フォルダ (DRAWINGS)  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 図面管理ファイル  | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 図面ファイル  | SXF (sfc) |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 施工計画書フォルダ (PLAN)   |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 施工計画書管理ファイル   | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 施工計画書別添ファイル   | (協議による)   |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 打合せ簿フォルダ (MEET)  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 打合せ管理ファイル   | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 打合せ別添ファイル   | (協議による)   |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 写真フォルダ (PHOTO)   |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 写真属性ファイル  | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 工事写真ファイル  | JPEG      |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 参考図ファイル   | JPEG      |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 完成図書フォルダ (DRAWING)   |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 図面管理ファイル  | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 図面ファイル  | (協議による)   |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 台帳フォルダ (REGISTER)  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 台帳管理ファイル  | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 台帳ファイル  | (協議による)   |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| その他フォルダ (OTHERS)   |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | その他資料管理ファイル   | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | その他別添ファイル   | (協議による)   |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 情報化施工関連フォルダ (NNICT)  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 情報化施工関連データ  | (協議による)   |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| フォルダ   | サブフォルダ  | ファイル形式    | 作成者 |     | チェック欄<br>○：電子<br>△：紙<br>×：不要   | 備 考  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  |   |           | 発注者 | 請負者 |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 工事管理ファイル   |   | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 発注図面フォルダ   |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 図面管理ファイル  | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 図面ファイル  | SXF (sfc) |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 特別仕様書別添ファイル   | (協議による)   |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 打合せ簿フォルダ   |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 打合せ管理ファイル   | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 打合せ別添ファイル   | (協議による)   |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 施工計画書フォルダ  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 施工計画書管理ファイル   | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 施工計画書別添ファイル   | (協議による)   |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 完成図書フォルダ   |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 図面管理ファイル  | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 図面ファイル  | (協議による)   |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 写真フォルダ   |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 写真属性ファイル  | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 工事写真ファイル  | JPEG      |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | 参考図ファイル   | JPEG      |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| その他フォルダ  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | その他管理ファイル   | XVL       |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|  | その他別添ファイル   | (協議による)   |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| <p>(5)電子納品対象成果品の納品方法</p> <table border="1"> <tr> <td>電子成果物</td> <td><input type="checkbox"/>電子データのみとし、ネガアルバム・写真帳の提出は行わない。<br/><input type="checkbox"/>電子データおよび印刷出力を簡易製本したものを1部提出する。</td> </tr> </table>  |   |           |     |     | 電子成果物  | <input type="checkbox"/> 電子データのみとし、ネガアルバム・写真帳の提出は行わない。<br><input type="checkbox"/> 電子データおよび印刷出力を簡易製本したものを1部提出する。 | <p>(5)電子納品対象成果品の納品方法</p> <table border="1"> <tr> <td>工事写真</td> <td><input type="checkbox"/>電子データのみとし、ネガアルバム・写真帳の提出は行わない。</td> </tr> <tr> <td>その他電子成果物</td> <td><input type="checkbox"/>電子データおよび印刷出力を簡易製本したものを1部提出する。</td> </tr> </table> |   |       |                              |     | 工事写真 | <input type="checkbox"/> 電子データのみとし、ネガアルバム・写真帳の提出は行わない。   | その他電子成果物 | <input type="checkbox"/> 電子データおよび印刷出力を簡易製本したものを1部提出する。 |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
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| 工事写真   | <input type="checkbox"/> 電子データのみとし、ネガアルバム・写真帳の提出は行わない。  |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| その他電子成果物   | <input type="checkbox"/> 電子データおよび印刷出力を簡易製本したものを1部提出する。  |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| <p>(6)データのバックアップについて（請負者）</p> <table border="1"> <tr> <td>バックアップ頻度</td> <td><input type="checkbox"/>1日 回 <input type="checkbox"/>その他( )</td> </tr> <tr> <td>バックアップ媒体</td> <td><input type="checkbox"/>NO <input type="checkbox"/>CD-R(W) <input type="checkbox"/>DVD-RAN <input type="checkbox"/>（外付け）ハードディスク <input type="checkbox"/>その他( )</td> </tr> <tr> <td>作業担当者</td> <td></td> </tr> <tr> <td>その他</td> <td></td> </tr> </table>   |   |           |     |     | バックアップ頻度   | <input type="checkbox"/> 1日 回 <input type="checkbox"/> その他( )  | バックアップ媒体   | <input type="checkbox"/> NO <input type="checkbox"/> CD-R(W) <input type="checkbox"/> DVD-RAN <input type="checkbox"/> （外付け）ハードディスク <input type="checkbox"/> その他( ) | 作業担当者 |                              | その他 |      | <p>(6)データのバックアップについて（請負者）</p> <table border="1"> <tr> <td>バックアップ頻度</td> <td><input type="checkbox"/>1日 回 <input type="checkbox"/>その他( )</td> </tr> <tr> <td>バックアップ媒体</td> <td><input type="checkbox"/>NO <input type="checkbox"/>CD-R(W) <input type="checkbox"/>DVD-RAN <input type="checkbox"/>（外付け）ハードディスク <input type="checkbox"/>その他( )</td> </tr> <tr> <td>作業担当者</td> <td></td> </tr> <tr> <td>その他</td> <td></td> </tr> </table> |          |  |     |  | バックアップ頻度  | <input type="checkbox"/> 1日 回 <input type="checkbox"/> その他( ) | バックアップ媒体 | <input type="checkbox"/> NO <input type="checkbox"/> CD-R(W) <input type="checkbox"/> DVD-RAN <input type="checkbox"/> （外付け）ハードディスク <input type="checkbox"/> その他( ) | 作業担当者 |  | その他 |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| バックアップ頻度   | <input type="checkbox"/> 1日 回 <input type="checkbox"/> その他( )   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| バックアップ媒体   | <input type="checkbox"/> NO <input type="checkbox"/> CD-R(W) <input type="checkbox"/> DVD-RAN <input type="checkbox"/> （外付け）ハードディスク <input type="checkbox"/> その他( ) |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 作業担当者  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| その他  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| バックアップ頻度   | <input type="checkbox"/> 1日 回 <input type="checkbox"/> その他( )   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| バックアップ媒体   | <input type="checkbox"/> NO <input type="checkbox"/> CD-R(W) <input type="checkbox"/> DVD-RAN <input type="checkbox"/> （外付け）ハードディスク <input type="checkbox"/> その他( ) |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 作業担当者  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| その他  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| <p>(7)コンピュータウイルス対策について（請負者）</p> <table border="1"> <tr> <td>使用ソフトウェア名</td> <td>(Ver. )</td> </tr> <tr> <td>バックアップ媒体</td> <td><input type="checkbox"/>NO <input type="checkbox"/>CD-R(W) <input type="checkbox"/>DVD-RAN <input type="checkbox"/>（外付け）ハードディスク <input type="checkbox"/>その他( )</td> </tr> <tr> <td>作業担当者</td> <td></td> </tr> <tr> <td>その他</td> <td></td> </tr> </table>  |   |           |     |     | 使用ソフトウェア名  | (Ver. )  | バックアップ媒体   | <input type="checkbox"/> NO <input type="checkbox"/> CD-R(W) <input type="checkbox"/> DVD-RAN <input type="checkbox"/> （外付け）ハードディスク <input type="checkbox"/> その他( ) | 作業担当者 |                              | その他 |      | <p>(7)コンピュータウイルス対策について（請負者）</p> <table border="1"> <tr> <td>使用ソフトウェア名</td> <td>(Ver. )</td> </tr> <tr> <td>バックアップ媒体</td> <td><input type="checkbox"/>NO <input type="checkbox"/>CD-R(W) <input type="checkbox"/>DVD-RAN <input type="checkbox"/>（外付け）ハードディスク <input type="checkbox"/>その他( )</td> </tr> <tr> <td>作業担当者</td> <td></td> </tr> <tr> <td>その他</td> <td></td> </tr> </table>  |          |  |     |  | 使用ソフトウェア名 | (Ver. )   | バックアップ媒体 | <input type="checkbox"/> NO <input type="checkbox"/> CD-R(W) <input type="checkbox"/> DVD-RAN <input type="checkbox"/> （外付け）ハードディスク <input type="checkbox"/> その他( ) | 作業担当者 |  | その他 |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 使用ソフトウェア名  | (Ver. )   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
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| 作業担当者  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| その他  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 使用ソフトウェア名  | (Ver. )   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| バックアップ媒体   | <input type="checkbox"/> NO <input type="checkbox"/> CD-R(W) <input type="checkbox"/> DVD-RAN <input type="checkbox"/> （外付け）ハードディスク <input type="checkbox"/> その他( ) |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 作業担当者  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| その他  |   |           |     |     |  |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| <p>(8)電子納品が出来ない理由及び対応可能予定時期</p> <div style="border: 1px solid black; height: 80px;"></div>   |   |           |     |     | <p>(8)電子納品が出来ない理由及び対応可能予定時期</p> <div style="border: 1px solid black; height: 80px;"></div> |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| <p>(9)その他</p> <div style="border: 1px solid black; height: 80px;"></div>   |   |           |     |     | <p>(9)その他</p> <div style="border: 1px solid black; height: 80px;"></div>                   |  |  |   |       |                              |     |      |  |          |  |     |  |           |   |          |   |       |  |     |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |                 |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                   |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |                  |  |  |  |  |  |  |  |             |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |   |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |           |  |  |  |  |  |  |  |             |     |  |  |  |  |  |             |         |  |  |  |  |          |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |          |      |  |  |  |  |  |         |      |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |



○ 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）の一部改訂について（新旧対照表）

| 改 定 後  | 現 行   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|--|---|--|---------------|----|--|--|--|--|-------|--|--|--|-----|--|--|--|-----|--|--|--|-----|--|--|--|------|--|--|--|------|---|--|--|-----|---------|--|--|-----|--|--|------|--|--|-----------|--|--|-----|---------|--|--|-----|--|--|------|--|--|-----------|--|--|--|--|--|--|-----|---|--|-----|---|--|-------|----------------|-----------------------|-------|-----|--|------|--|-------|--|-----|--|--------|------------|-----------------|----|-----------------|---------------|-----|--|--|---|--|--|---|--|--|---|--|--|-----|---------|-------|--|---|-----|--|---|-------|---|---|-------|---|---|-------|---|---|-------|--|---|-------|---|---|-------|---|---|-------|---|---|-------|--|---|-------|--------------------------|-----|--|--------------------------|-----|--|---|----|----|----|----|--|--|--|--|-------|--|--|--|-----|--|--|--|-----|--|--|--|-----|--|--|--|------|--|--|--|------|---------------------|--|--|-----|---------|--|--|-----|--|--|------|--|--|-----------|--|--|-----|---------|--|--|-----|--|--|------|--|--|-----------|--|--|--|--|--|--|-----|---|--|-----|---|--|-------|----------------|-----------------------|-------|-----|--|------|--|-------|--|-----|--|--------|------------|-----------------|----|-----------------|---------------|-----|--|--|---|--|--|---|--|--|---|--|--|-----|---------|-------|--|--------|-----|--|--------|-------|---|--------|-------|---|--------|-------|---|--------|-------|--|--------|-------|---|--------|-------|---|--------|-------|---|--------|-------|--|--------|-------|--------------------------|--------|--|--------------------------|--------|--|
| <p>○事前協議チェックシート【業務】（農業農村整備関係）</p> <div style="text-align: right; margin-bottom: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 25%;">担当</td> <td style="width: 25%;">係員</td> <td style="width: 25%;">係長</td> <td style="width: 25%;">課長</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> </div> <p style="text-align: center;"><b>事前協議チェックシート【業務】</b>（農業農村整備関係）</p> <p style="text-align: right;">実施日 <input type="checkbox"/>年 <input type="checkbox"/>月 <input type="checkbox"/>日</p> <p>(1)協議参加者</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">設計書番号</td> <td colspan="3"></td> </tr> <tr> <td>事業名</td> <td colspan="3"></td> </tr> <tr> <td>地区名</td> <td colspan="3"></td> </tr> <tr> <td>業務名</td> <td colspan="3"></td> </tr> <tr> <td>起工番号</td> <td colspan="3"></td> </tr> <tr> <td>履行期間</td> <td colspan="3"><input type="checkbox"/>年 <input type="checkbox"/>月 <input type="checkbox"/>日 ~ <input type="checkbox"/>年 <input type="checkbox"/>月 <input type="checkbox"/>日</td> </tr> <tr> <td rowspan="4">発注者</td> <td>事務所名/課名</td> <td colspan="2"></td> </tr> <tr> <td>役職名</td> <td colspan="2"></td> </tr> <tr> <td>担当者名</td> <td colspan="2"></td> </tr> <tr> <td>連絡先(電話番号)</td> <td colspan="2"></td> </tr> <tr> <td rowspan="4">受注者</td> <td>会社名/部署名</td> <td colspan="2"></td> </tr> <tr> <td>役職名</td> <td colspan="2"></td> </tr> <tr> <td>担当者名</td> <td colspan="2"></td> </tr> <tr> <td>連絡先(電話番号)</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">電子納品の是非 <input type="checkbox"/>電子納品を行う <input type="checkbox"/>今回は電子納品を行わない(8)へ</td> </tr> <p>(2)インターネットアクセス環境、利用ソフト等</p> <table border="1" style="width:100%; 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| 設計書番号  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 事業名  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 地区名  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
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| 履行期間   | <input type="checkbox"/> 年 <input type="checkbox"/> 月 <input type="checkbox"/> 日 ~ <input type="checkbox"/> 年 <input type="checkbox"/> 月 <input type="checkbox"/> 日 |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 発注者  | 事務所名/課名   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 役職名   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 担当者名  |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 連絡先(電話番号)   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 受注者  | 会社名/部署名   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 役職名   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 担当者名  |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 連絡先(電話番号)   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 電子納品の是非 <input type="checkbox"/> 電子納品を行う <input type="checkbox"/> 今回は電子納品を行わない(8)へ   |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 発注者  | 電子メール添付ファイルの容量制限 <input type="checkbox"/> Mbyte未満   | 大容量ファイルの添付方法 <input type="checkbox"/> 分割する <input type="checkbox"/> LZH形式 <input type="checkbox"/> ZIP形式 <input type="checkbox"/> その他( ) |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 受注者  | 電子メール添付ファイルの容量制限 <input type="checkbox"/> Mbyte未満   | 大容量ファイルの添付方法 <input type="checkbox"/> 分割する <input type="checkbox"/> LZH形式 <input type="checkbox"/> ZIP形式 <input type="checkbox"/> その他( ) |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 基本ソフト  | ソフト名もしくはファイル形式  | 発注者利用ソフト(バージョンを含めて記載)  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 文書作成等  | 一次郎   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | Word  |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | Excel   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | その他   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| CAD 図面   | SXF(SFC)形式  | OCF検定認証ソフトウェア利用  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 写真  | JPEG(またはTIFF)形式  | 電子納品検査プログラム利用 |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| その他  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 電子的な交換・共有 <input type="checkbox"/> 行う <input type="checkbox"/> 行わない  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 電子的な交換・共有方法 <input type="checkbox"/> 電子納品/情報共有システム <input type="checkbox"/> 電子メール  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 電子成果物が複数に渡る場合の媒体 <input type="checkbox"/> CD-R <input type="checkbox"/> DVD-R  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 名 称  | 発 行 年 月   | 発 行 者  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン(案)   | <input type="checkbox"/> <input type="checkbox"/> 年 月   | 福岡県  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 設計業務等の電子納品要領(案)   | <input type="checkbox"/> <input type="checkbox"/> 年 月   | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 電子化図面データの作成要領(案)  | <input type="checkbox"/> <input type="checkbox"/> 年 月   | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 電子化図面データの作成運用ガイドライン(案)  | <input type="checkbox"/> <input type="checkbox"/> 年 月   | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 電子化写真データの作成要領(案)  | <input type="checkbox"/> <input type="checkbox"/> 年 月   | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 測量成果電子納品要領(案)   | <input type="checkbox"/> <input type="checkbox"/> 年 月   | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 地質・土質調査成果電子納品要領(案)  | <input type="checkbox"/> <input type="checkbox"/> 年 月   | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 電子納品運用ガイドライン(案)【業務編】  | <input type="checkbox"/> <input type="checkbox"/> 年 月   | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 電子納品運用ガイドライン(案)【測量編】  | <input type="checkbox"/> <input type="checkbox"/> 年 月   | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 電子納品運用ガイドライン(案)【地質・土質調査編】   | <input type="checkbox"/> <input type="checkbox"/> 年 月   | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/>   | 年 月   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/>   | 年 月   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 担当   | 係員  | 係長   | 課長            |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 設計書番号  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 事業名  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 地区名  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 業務名  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 起工番号   |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 履行期間   | 平成 年 月 日 ~ 平成 年 月 日   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 発注者  | 事務所名/課名   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 役職名   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 担当者名  |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 連絡先(電話番号)   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 受注者  | 会社名/部署名   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 役職名   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 担当者名  |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 連絡先(電話番号)   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 電子納品の是非 <input type="checkbox"/> 電子納品を行う <input type="checkbox"/> 今回は電子納品を行わない(8)へ   |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 発注者  | 電子メール添付ファイルの容量制限 <input type="checkbox"/> Mbyte未満   | 大容量ファイルの添付方法 <input type="checkbox"/> 分割する <input type="checkbox"/> LZH形式 <input type="checkbox"/> ZIP形式 <input type="checkbox"/> その他( ) |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 受注者  | 電子メール添付ファイルの容量制限 <input type="checkbox"/> Mbyte未満   | 大容量ファイルの添付方法 <input type="checkbox"/> 分割する <input type="checkbox"/> LZH形式 <input type="checkbox"/> ZIP形式 <input type="checkbox"/> その他( ) |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 基本ソフト  | ソフト名もしくはファイル形式  | 発注者利用ソフト(バージョンを含めて記載)  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 文書作成等  | 一次郎   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | Word  |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | Excel   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | その他   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| CAD 図面   | SXF(SFC)形式  | OCF検定認証ソフトウェア利用  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
|  | 写真  | JPEG(またはTIFF)形式  | 電子納品検査プログラム利用 |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| その他  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 電子的な交換・共有 <input type="checkbox"/> 行う <input type="checkbox"/> 行わない  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 電子的な交換・共有方法 <input type="checkbox"/> 電子納品/情報共有システム <input type="checkbox"/> 電子メール  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 電子成果物が複数に渡る場合の媒体 <input type="checkbox"/> CD-R <input type="checkbox"/> DVD-R  |   |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| 名 称  | 発 行 年 月   | 発 行 者  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン(案)   | 平成 年 月  | 福岡県  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 設計業務等の電子納品要領(案)   | 平成 年 月  | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 電子化図面データの作成要領(案)  | 平成 年 月  | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 電子化図面データの作成運用ガイドライン(案)  | 平成 年 月  | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 電子化写真データの作成要領(案)  | 平成 年 月  | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 測量成果電子納品要領(案)   | 平成 年 月  | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 地質・土質調査成果電子納品要領(案)  | 平成 年 月  | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 電子納品運用ガイドライン(案)【業務編】  | 平成 年 月  | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 電子納品運用ガイドライン(案)【測量編】  | 平成 年 月  | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/> 電子納品運用ガイドライン(案)【地質・土質調査編】   | 平成 年 月  | 農林水産省  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/>   | 平成 年 月  |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |
| <input type="checkbox"/>   | 平成 年 月  |  |               |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |   |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |   |     |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |   |   |       |   |   |       |   |   |       |  |   |       |                          |     |  |                          |     |  |   |    |    |    |    |  |  |  |  |       |  |  |  |     |  |  |  |     |  |  |  |     |  |  |  |      |  |  |  |      |                     |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |     |         |  |  |     |  |  |      |  |  |           |  |  |  |  |  |  |     |   |  |     |   |  |       |                |                       |       |     |  |      |  |       |  |     |  |        |            |                 |    |                 |               |     |  |  |   |  |  |   |  |  |   |  |  |     |         |       |  |        |     |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |   |        |       |   |        |       |   |        |       |  |        |       |                          |        |  |                          |        |  |

○ 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）の一部改訂について（新旧対照表）

| 改 定 後   |  |           |     |     | 現 行   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
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|  |  |  |  | コア写真 | JPEG |  |  |  |  |  | 土質試験および地盤調査フォルダ |  |  |  |  |  |  | 土質試験および地盤調査管理ファイル | XWL |  |  |  |  |  | 電子データシート | PDF |  |  |  |  |  | データシート交換用データ | XWL |  |  |  |  |  | 土質試験結果一覧表データ | XWL |  |  |  |  |  | その他地質調査資料 |  |  |  |  |  |  | その他管理ファイル | XWL |  |  |  |  |  | その他地質調査資料 | (協議による) |  |  |  |  | 情報化施工関連フォルダ (NNICT) |  |  |  |  |  |  |  | 情報化施工関連データ | (協議による) |  |  |  |  | <p>(4) 電子納品対象基本項目</p> <table border="1"> <thead> <tr> <th rowspan="2">フォルダ</th> <th rowspan="2">サブフォルダ</th> <th rowspan="2">ファイル形式</th> <th colspan="2">作成者</th> <th rowspan="2">チェック欄<br/>○：電子<br/>△：紙<br/>×：不要</th> <th rowspan="2">備 考</th> </tr> <tr> <th>発注者</th> <th>受注者</th> </tr> </thead> <tbody> <tr> <td>業務管理ファイル</td> <td></td> <td>XWL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>報告書フォルダ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>報告書管理ファイル</td> <td>XWL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> 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(協議による) |  |  |  |  | 図面フォルダ |  |  |  |  |  |  |  | 図面管理ファイル | XWL |  |  |  |  |  | 図面ファイル | SXF (sfc) |  |  |  |  | 測量データフォルダ |  |  |  |  |  |  |  | 測量成果管理ファイル | XWL |  |  |  |  |  | 測量記録 | (協議による) |  |  |  |  |  | 測量成果 | (協議による) |  |  |  |  | 地質データフォルダ |  |  |  |  |  |  |  | 地質情報管理ファイル | XWL |  |  |  |  |  | ボーリング交換用データフォルダ |  |  |  |  |  |  | ボーリング交換用データ | XWL |  |  |  |  |  | 電子柱状図データフォルダ |  |  |  |  |  |  | 電子柱状図データファイル | PDF |  |  |  |  |  | 電子簡略柱状図データフォルダ |  |  |  |  |  |  | 電子簡略柱状図データファイル | SXF (sfc) |  |  |  |  |  | コア写真フォルダ |  |  |  |  |  |  | コア写真管理ファイル | (協議による) |  |  |  |  |  | コア写真 | JPEG |  |  |  |  |  | 土質試験および地盤調査フォルダ |  |  |  |  |  |  | 土質試験および地盤調査管理ファイル | XWL |  |  |  |  |  | 電子データシート | PDF |  |  |  |  |  | データシート交換用データ | XWL |  |  |  |  |  | 土質試験結果一覧表データ | XWL |  |  |  |  |  | その他地質調査資料 |  |  |  |  |  |  | その他管理ファイル | XWL |  |  |  |  |  | その他地質調査資料 | (協議による) |  |  |  |  |
| フォルダ  | サブフォルダ   | ファイル形式    | 作成者 |     |   |  |   | チェック欄<br>○：電子<br>△：紙<br>×：不要   | 備 考   |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   |  |           | 発注者 | 受注者 |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 業務管理ファイル  |  | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 報告書フォルダ (REPORT)  |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 報告書管理ファイル  | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 報告書ファイル  | PDF       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 報告書材料ファイル  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 報告書材料ファイル  | (協議による)   |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 図面フォルダ (DRAWING)  |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 図面管理ファイル   | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 図面ファイル   | SXF (sfc) |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 写真フォルダ (PHOTO)  |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 写真属性ファイル   | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 写真ファイル   | JPEG      |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 参考図ファイル  | JPEG      |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 測量データフォルダ (SURVEY)  |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 測量成果管理ファイル   | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 測量記録   | (協議による)   |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 測量成果   | (協議による)   |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 地質データフォルダ (BORING)  |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 地質情報管理ファイル   | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | ボーリング交換用データフォルダ  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | ボーリング交換用データ  | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 電子柱状図データフォルダ   |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 電子柱状図データファイル   | PDF       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 電子簡略柱状図データフォルダ   |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 電子簡略柱状図データファイル   | SXF (sfc) |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | コア写真フォルダ   |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | コア写真管理ファイル   | (協議による)   |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | コア写真   | JPEG      |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 土質試験および地盤調査フォルダ  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 土質試験および地盤調査管理ファイル  | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 電子データシート   | PDF       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | データシート交換用データ   | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 土質試験結果一覧表データ   | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | その他地質調査資料  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | その他管理ファイル  | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | その他地質調査資料  | (協議による)   |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 情報化施工関連フォルダ (NNICT)   |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 情報化施工関連データ   | (協議による)   |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| フォルダ  | サブフォルダ   | ファイル形式    | 作成者 |     | チェック欄<br>○：電子<br>△：紙<br>×：不要  | 備 考  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   |  |           | 発注者 | 受注者 |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 業務管理ファイル  |  | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 報告書フォルダ   |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 報告書管理ファイル  | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 報告書ファイル  | PDF       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 報告書材料ファイル  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 報告書材料ファイル  | (協議による)   |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 図面フォルダ  |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 図面管理ファイル   | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 図面ファイル   | SXF (sfc) |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 測量データフォルダ   |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 測量成果管理ファイル   | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 測量記録   | (協議による)   |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 測量成果   | (協議による)   |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 地質データフォルダ   |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 地質情報管理ファイル   | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | ボーリング交換用データフォルダ  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | ボーリング交換用データ  | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 電子柱状図データフォルダ   |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 電子柱状図データファイル   | PDF       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 電子簡略柱状図データフォルダ   |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 電子簡略柱状図データファイル   | SXF (sfc) |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | コア写真フォルダ   |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | コア写真管理ファイル   | (協議による)   |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | コア写真   | JPEG      |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 土質試験および地盤調査フォルダ  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 土質試験および地盤調査管理ファイル  | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 電子データシート   | PDF       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | データシート交換用データ   | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | 土質試験結果一覧表データ   | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | その他地質調査資料  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | その他管理ファイル  | XWL       |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
|   | その他地質調査資料  | (協議による)   |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| <p>(5) 電子納品対象成果品の納品方法</p> <table border="1"> <tr> <td>電子成果品</td> <td> <input type="checkbox"/> 電子データのみとし、ネガアルバム・写真帳の提出は行わない。<br/> <input type="checkbox"/> 電子データおよび印刷出力を簡易製本したものを1部提出する。                 </td> </tr> </table>   |  |           |     |     | 電子成果品   | <input type="checkbox"/> 電子データのみとし、ネガアルバム・写真帳の提出は行わない。<br><input type="checkbox"/> 電子データおよび印刷出力を簡易製本したものを1部提出する。 | <p>(5) 電子納品対象成果品の納品方法</p> <table border="1"> <tr> <td>コア写真</td> <td><input type="checkbox"/> 電子データのみとし、ネガアルバム・写真帳の提出は行わない。</td> </tr> <tr> <td>その他電子成果品</td> <td><input type="checkbox"/> 電子データおよび印刷出力を簡易製本したものを1部提出する。</td> </tr> </table> |  |       |                              |     | コア写真 | <input type="checkbox"/> 電子データのみとし、ネガアルバム・写真帳の提出は行わない。  | その他電子成果品 | <input type="checkbox"/> 電子データおよび印刷出力を簡易製本したものを1部提出する。 |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
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| その他電子成果品  | <input type="checkbox"/> 電子データおよび印刷出力を簡易製本したものを1部提出する。   |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| <p>(6) データのバックアップについて（受注者）</p> <table border="1"> <tr> <td>バックアップ頻度</td> <td><input type="checkbox"/> 1日 @ <input type="checkbox"/> その他( )</td> </tr> <tr> <td>バックアップ媒体</td> <td><input type="checkbox"/> MO <input type="checkbox"/> CD-R (M) <input type="checkbox"/> DVD-RAM <input type="checkbox"/> (外付け)ハードディスク <input type="checkbox"/> その他( )</td> </tr> <tr> <td>作業担当者</td> <td></td> </tr> <tr> <td>その他</td> <td></td> </tr> </table>   |  |           |     |     | バックアップ頻度  | <input type="checkbox"/> 1日 @ <input type="checkbox"/> その他( )  | バックアップ媒体  | <input type="checkbox"/> MO <input type="checkbox"/> CD-R (M) <input type="checkbox"/> DVD-RAM <input type="checkbox"/> (外付け)ハードディスク <input type="checkbox"/> その他( ) | 作業担当者 |                              | その他 |      | <p>(6) データのバックアップについて（受注者）</p> <table border="1"> <tr> <td>バックアップ頻度</td> <td><input type="checkbox"/> 1日 @ <input type="checkbox"/> その他( )</td> </tr> <tr> <td>バックアップ媒体</td> <td><input type="checkbox"/> MO <input type="checkbox"/> CD-R (M) <input type="checkbox"/> DVD-RAM <input type="checkbox"/> (外付け)ハードディスク <input type="checkbox"/> その他( )</td> </tr> <tr> <td>作業担当者</td> <td></td> </tr> <tr> <td>その他</td> <td></td> </tr> </table> |          |  |     |  | バックアップ頻度  | <input type="checkbox"/> 1日 @ <input type="checkbox"/> その他( ) | バックアップ媒体 | <input type="checkbox"/> MO <input type="checkbox"/> CD-R (M) <input type="checkbox"/> DVD-RAM <input type="checkbox"/> (外付け)ハードディスク <input type="checkbox"/> その他( ) | 作業担当者 |  | その他 |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| バックアップ頻度  | <input type="checkbox"/> 1日 @ <input type="checkbox"/> その他( )  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| バックアップ媒体  | <input type="checkbox"/> MO <input type="checkbox"/> CD-R (M) <input type="checkbox"/> DVD-RAM <input type="checkbox"/> (外付け)ハードディスク <input type="checkbox"/> その他( ) |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 作業担当者   |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| その他   |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| バックアップ頻度  | <input type="checkbox"/> 1日 @ <input type="checkbox"/> その他( )  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| バックアップ媒体  | <input type="checkbox"/> MO <input type="checkbox"/> CD-R (M) <input type="checkbox"/> DVD-RAM <input type="checkbox"/> (外付け)ハードディスク <input type="checkbox"/> その他( ) |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 作業担当者   |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| その他   |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| <p>(7) コンピュータウイルス対策について（受注者）</p> <table border="1"> <tr> <td>使用ソフトウェア名</td> <td>(Ver. )</td> </tr> <tr> <td>バックアップ媒体</td> <td><input type="checkbox"/> MO <input type="checkbox"/> CD-R (M) <input type="checkbox"/> DVD-RAM <input type="checkbox"/> (外付け)ハードディスク <input type="checkbox"/> その他( )</td> </tr> <tr> <td>作業担当者</td> <td></td> </tr> <tr> <td>その他</td> <td></td> </tr> </table>  |  |           |     |     | 使用ソフトウェア名   | (Ver. )  | バックアップ媒体  | <input type="checkbox"/> MO <input type="checkbox"/> CD-R (M) <input type="checkbox"/> DVD-RAM <input type="checkbox"/> (外付け)ハードディスク <input type="checkbox"/> その他( ) | 作業担当者 |                              | その他 |      | <p>(7) コンピュータウイルス対策について（受注者）</p> <table border="1"> <tr> <td>使用ソフトウェア名</td> <td>(Ver. )</td> </tr> <tr> <td>バックアップ媒体</td> <td><input type="checkbox"/> MO <input type="checkbox"/> CD-R (M) <input type="checkbox"/> DVD-RAM <input type="checkbox"/> (外付け)ハードディスク <input type="checkbox"/> その他( )</td> </tr> <tr> <td>作業担当者</td> <td></td> </tr> <tr> <td>その他</td> <td></td> </tr> </table>  |          |  |     |  | 使用ソフトウェア名 | (Ver. )   | バックアップ媒体 | <input type="checkbox"/> MO <input type="checkbox"/> CD-R (M) <input type="checkbox"/> DVD-RAM <input type="checkbox"/> (外付け)ハードディスク <input type="checkbox"/> その他( ) | 作業担当者 |  | その他 |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 使用ソフトウェア名   | (Ver. )  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| バックアップ媒体  | <input type="checkbox"/> MO <input type="checkbox"/> CD-R (M) <input type="checkbox"/> DVD-RAM <input type="checkbox"/> (外付け)ハードディスク <input type="checkbox"/> その他( ) |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 作業担当者   |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| その他   |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 使用ソフトウェア名   | (Ver. )  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| バックアップ媒体  | <input type="checkbox"/> MO <input type="checkbox"/> CD-R (M) <input type="checkbox"/> DVD-RAM <input type="checkbox"/> (外付け)ハードディスク <input type="checkbox"/> その他( ) |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| 作業担当者   |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| その他   |  |           |     |     |   |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| <p>(8) 電子納品が出来ない理由及び対応可能予定時期</p> <div style="border: 1px solid black; height: 40px;"></div>   |  |           |     |     | <p>(8) 電子納品が出来ない理由及び対応可能予定時期</p> <div style="border: 1px solid black; height: 40px;"></div>         |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |
| <p>(9) その他</p> <p>図面は、「電子化図面データの作成要領(案)」および「電子化図面データの作成運用ガイドライン(案)」に準拠し、SXF (sfc) 形式での提出を必須とする。</p>   |  |           |     |     | <p>(9) その他</p> <p>図面は、「電子化図面データの作成要領(案)」および「電子化図面データの作成運用ガイドライン(案)」に準拠し、SXF (sfc) 形式での提出を必須とする。</p> |  |   |  |       |                              |     |      |   |          |  |     |  |           |   |          |  |       |  |     |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |                  |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |                |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |      |  |  |  |  |  |         |      |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |                    |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |                     |  |  |  |  |  |  |  |            |         |  |  |  |  |  |  |  |  |  |      |        |        |     |  |                              |     |     |     |          |  |     |  |  |  |  |         |  |  |  |  |  |  |  |           |     |  |  |  |  |  |         |     |  |  |  |  |  |           |  |  |  |  |  |  |           |         |  |  |  |  |        |  |  |  |  |  |  |  |          |     |  |  |  |  |  |        |           |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |      |         |  |  |  |  |  |      |         |  |  |  |  |           |  |  |  |  |  |  |  |            |     |  |  |  |  |  |                 |  |  |  |  |  |  |             |     |  |  |  |  |  |              |  |  |  |  |  |  |              |     |  |  |  |  |  |                |  |  |  |  |  |  |                |           |  |  |  |  |  |          |  |  |  |  |  |  |            |         |  |  |  |  |  |      |      |  |  |  |  |  |                 |  |  |  |  |  |  |                   |     |  |  |  |  |  |          |     |  |  |  |  |  |              |     |  |  |  |  |  |              |     |  |  |  |  |  |           |  |  |  |  |  |  |           |     |  |  |  |  |  |           |         |  |  |  |  |



○ 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）の一部改訂について（新旧対照表）

| 改 定 後   | 現 行   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
|---|---|---|----------|-------|--|--|-----|--|--|-----|--|--|-----|--|--|------|-------|-----|-----|------------|----------|-----|-----|------|--|-------|---|-----|-----|-------------|---|-------------|---|-----|-----|--------------|---|-------|--|------|---------|---------|---|--|---|--|--|---|---|--|---|--|--|---|---|--|---|--|--|---|---|--|---|---|--|---|--|--|-----|----------|-------|--|--|-----|--|--|-----|--|--|-----|--|--|------|-------|-----|-----|------------|----------|-----|-----|------|--|-------|---|-----|-----|-------------|---|-------------|---|-----|-----|--------------|---|-------|--|------|---------|---------|---|--|---|--|--|---|--|--|---|---|--|---|---|--|---|---|--|---|
| <p>○電子成果品確認用チェックシート【工事】（農業農村整備関係）</p> <div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">電子成果品確認用チェックシート【工 事】(農業農村整備関係)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 150px;"></td> <td style="text-align: center;">実施日</td> <td style="text-align: center;">□□ 年 月 日</td> </tr> <tr> <td>設計書番号</td> <td colspan="2"></td> </tr> <tr> <td>事業名</td> <td colspan="2"></td> </tr> <tr> <td>地区名</td> <td colspan="2"></td> </tr> <tr> <td>工事名</td> <td colspan="2"></td> </tr> <tr> <td>起工番号</td> <td style="text-align: center;">□□ 年度</td> <td style="text-align: center;">起工号</td> </tr> <tr> <td>工 期</td> <td style="text-align: center;">□□ 年 月 日 ~</td> <td style="text-align: center;">□□ 年 月 日</td> </tr> </table> <p><b>1. 電子媒体の確認</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">項 目</th> <th style="width: 85%;">内 容</th> </tr> </thead> <tbody> <tr> <td>使用媒体</td> <td> <input type="checkbox"/> 問題なし：特記仕様書による枚数が納品された<br/> <input type="checkbox"/> 問題あり( )                 </td> </tr> <tr> <td>ラベル内容</td> <td> <input type="checkbox"/> 問題なし：運用ガイドラインによるラベル内容に合致している<br/> <input type="checkbox"/> 問題あり( )                 </td> </tr> </tbody> </table> <p><b>2. ウィルスチェックの確認</b></p> <table border="1" style="width: 100%; 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| 工事名   |   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 起工番号  | □□ 年度   | 起工号   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 工 期   | □□ 年 月 日 ~  | □□ 年 月 日  |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 項 目   | 内 容   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 使用媒体  | <input type="checkbox"/> 問題なし：特記仕様書による枚数が納品された<br><input type="checkbox"/> 問題あり( )          |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| ラベル内容   | <input type="checkbox"/> 問題なし：運用ガイドラインによるラベル内容に合致している<br><input type="checkbox"/> 問題あり( )   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 項 目   | 内 容   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| ウィルスチェックの実施   | <input type="checkbox"/> 実施済：請負者から媒体を受領時に発注者側でチェックを行った<br><input type="checkbox"/> 未実施( )   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| ウィルスチェックの結果   | <input type="checkbox"/> 異常なし：ウィルスは検出されなかった<br><input type="checkbox"/> 異常あり( )             |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 項 目   | 内 容   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 電子媒体内のフォルダ構成  | <input type="checkbox"/> 問題なし：請負者から媒体を受領時に発注者側でチェックを行った<br><input type="checkbox"/> 問題あり( ) |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| ファイル名   | <input type="checkbox"/> 問題なし：要領(案)の命名規則に従っている<br><input type="checkbox"/> 問題あり( )          |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 対象項目  | チェックの実施   | チェックの結果   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> 工事管理ファイル (INDEX.C.XML)   | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> 図面管理ファイル (DRAWINGS/F.XML)  | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> 施工計画書管理ファイル (PLAN.XML)   | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> 打合せ簿管理ファイル (MEET.XML)  | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> 写真情報管理ファイル (PHOTO.XML)   | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> 台帳管理ファイル (REGISTER.XML)  | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> その他管理ファイル (OTHR.XML)   | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> 情報化施工関連データ管理ファイル (NNICT)   | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
|   | 実施日   | 平成 年 月 日  |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 設計書番号   |   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 事業名   |   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 地区名   |   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 工事名   |   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 起工番号  | 平成 年度   | 起工号   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 工 期   | 平成 年 月 日 ~  | 平成 年 月 日  |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 項 目   | 内 容   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 使用媒体  | <input type="checkbox"/> 問題なし：特記仕様書による枚数が納品された<br><input type="checkbox"/> 問題あり( )          |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| ラベル内容   | <input type="checkbox"/> 問題なし：運用ガイドラインによるラベル内容に合致している<br><input type="checkbox"/> 問題あり( )   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 項 目   | 内 容   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| ウィルスチェックの実施   | <input type="checkbox"/> 実施済：請負者から媒体を受領時に発注者側でチェックを行った<br><input type="checkbox"/> 未実施( )   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| ウィルスチェックの結果   | <input type="checkbox"/> 異常なし：ウィルスは検出されなかった<br><input type="checkbox"/> 異常あり( )             |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 項 目   | 内 容   |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 電子媒体内のフォルダ構成  | <input type="checkbox"/> 問題なし：請負者から媒体を受領時に発注者側でチェックを行った<br><input type="checkbox"/> 問題あり( ) |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| ファイル名   | <input type="checkbox"/> 問題なし：要領(案)の命名規則に従っている<br><input type="checkbox"/> 問題あり( )          |   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| 対象項目  | チェックの実施   | チェックの結果   |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> 工事管理ファイル (INDEX.C.XML)   | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> 図面管理ファイル (DRAWINGS/F.XML)  | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> 打合せ簿管理ファイル (MEET.XML)  | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> 施工計画書管理ファイル (PLAN.XML)   | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> 写真情報管理ファイル (PHOTO.XML)   | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |
| <input type="checkbox"/> その他管理ファイル (OTHR.XML)   | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                            | <input type="checkbox"/> 正常に作成されていた<br><input type="checkbox"/> 問題あり( ) |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |   |  |   |  |  |     |          |       |  |  |     |  |  |     |  |  |     |  |  |      |       |     |     |            |          |     |     |      |  |       |   |     |     |             |   |             |   |     |     |              |   |       |  |      |         |         |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |   |  |   |

○ 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）の一部改訂について（新旧対照表）

| 改 定 後   | 現 行  |   |         |                                 |  |   |   |  |   |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |  |  |   |     |     |                                     |                             |     |     |  |  |   |      |         |         |                                 |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |     |     |                                     |                             |     |     |  |  |
|---|--|---|---------|---------------------------------|--|---|---|--|---|---|--|---|--|--|---|--|--|---|---|--|---|---|--|---|--|--|---|-----|-----|-------------------------------------|-----------------------------|-----|-----|--|--|---|------|---------|---------|---------------------------------|--|---|---|--|---|--|--|---|---|--|---|--|--|---|---|--|---|-----|-----|-------------------------------------|-----------------------------|-----|-----|--|--|
| <p><b>5. 電子データ内容と印刷出力との内容照合チェック</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">対象項目</th> <th style="width:30%;">チェックの実施</th> <th style="width:50%;">チェックの結果</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 図面ファイル</td> <td><input type="checkbox"/> 実施した<br/><input type="checkbox"/> 未実施( )</td> <td><input type="checkbox"/> 内容に相違はない<br/><input type="checkbox"/> 相違あり( )</td> </tr> <tr> <td><input type="checkbox"/> 特記仕様書<br/>オリジナルファイル</td> <td><input type="checkbox"/> 実施した<br/><input type="checkbox"/> 未実施( )</td> <td><input type="checkbox"/> 内容に相違はない<br/><input type="checkbox"/> 相違あり( )</td> </tr> <tr> <td><input type="checkbox"/> 施工計画書<br/>オリジナルファイル</td> <td><input type="checkbox"/> 実施した<br/><input type="checkbox"/> 未実施( )</td> <td><input type="checkbox"/> 内容に相違はない<br/><input type="checkbox"/> 相違あり( )</td> </tr> <tr> <td><input type="checkbox"/> 打合せ簿<br/>オリジナルファイル</td> <td><input type="checkbox"/> 実施した<br/><input type="checkbox"/> 未実施( )</td> <td><input type="checkbox"/> 内容に相違はない<br/><input type="checkbox"/> 相違あり( )</td> </tr> <tr> <td><input type="checkbox"/> 写真<br/>オリジナルファイル</td> <td><input type="checkbox"/> 実施した<br/><input type="checkbox"/> 未実施( )</td> <td><input type="checkbox"/> 内容に相違はない<br/><input type="checkbox"/> 相違あり( )</td> </tr> <tr> <td><input checked="" type="checkbox"/> 台帳<br/>オリジナルファイル</td> <td><input checked="" type="checkbox"/> 実施した<br/><input checked="" type="checkbox"/> 未実施( )</td> <td><input checked="" type="checkbox"/> 内容に相違はない<br/><input checked="" type="checkbox"/> 相違あり( )</td> </tr> <tr> <td><input type="checkbox"/> その他<br/>オリジナルファイル</td> <td><input type="checkbox"/> 実施した<br/><input type="checkbox"/> 未実施( )</td> <td><input type="checkbox"/> 内容に相違はない<br/><input type="checkbox"/> 相違あり( )</td> </tr> <tr> <td><input checked="" type="checkbox"/> 情報化施工関連データ</td> <td><input checked="" type="checkbox"/> 実施した<br/><input checked="" type="checkbox"/> 未実施( )</td> <td><input checked="" type="checkbox"/> 内容に相違はない<br/><input checked="" type="checkbox"/> 相違あり( )</td> </tr> </tbody> </table> <p><b>6. 電子媒体納品書の受領</b></p> <table border="1" style="width:100%; 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|   |  |   |         |                                 |  |   |   |  |   |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |  |  |   |     |     |                                     |                             |     |     |  |  |   |      |         |         |                                 |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |     |     |                                     |                             |     |     |  |  |
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| <input type="checkbox"/> その他<br>オリジナルファイル   | <input type="checkbox"/> 実施した<br><input type="checkbox"/> 未実施( )                       | <input type="checkbox"/> 内容に相違はない<br><input type="checkbox"/> 相違あり( )                       |         |                                 |  |   |   |  |   |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |  |  |   |     |     |                                     |                             |     |     |  |  |   |      |         |         |                                 |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |     |     |                                     |                             |     |     |  |  |
| 項 目   | 内 容  |   |         |                                 |  |   |   |  |   |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |  |  |   |     |     |                                     |                             |     |     |  |  |   |      |         |         |                                 |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |     |     |                                     |                             |     |     |  |  |
| <input type="checkbox"/> 電子媒体納品書の受領   | 請負者は、現場代理人が署名した電子媒体納品書を提出する  |   |         |                                 |  |   |   |  |   |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |  |  |   |     |     |                                     |                             |     |     |  |  |   |      |         |         |                                 |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |     |     |                                     |                             |     |     |  |  |
| 項 目   | 内 容  |   |         |                                 |  |   |   |  |   |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |  |  |   |     |     |                                     |                             |     |     |  |  |   |      |         |         |                                 |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |     |     |                                     |                             |     |     |  |  |
|   |  |   |         |                                 |  |   |   |  |   |   |  |   |  |  |   |  |  |   |   |  |   |   |  |   |  |  |   |     |     |                                     |                             |     |     |  |  |   |      |         |         |                                 |  |   |   |  |   |  |  |   |   |  |   |  |  |   |   |  |   |     |     |                                     |                             |     |     |  |  |

○ 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）の一部改訂について（新旧対照表）

| 改 定 後   | 現 行  |  |     |  |     |  |     |  |      |           |      |                     |                       |  |          |   |      |  |              |   |                    |   |   |       |  |     |  |     |  |     |  |      |           |      |                     |                       |  |          |   |      |  |              |   |                    |   |
|---|--|--|-----|--|-----|--|-----|--|------|-----------|------|---------------------|-----------------------|--|----------|---|------|--|--------------|---|--------------------|---|---|-------|--|-----|--|-----|--|-----|--|------|-----------|------|---------------------|-----------------------|--|----------|---|------|--|--------------|---|--------------------|---|
| <p>○電子成果品確認用チェックシート【業務】（農業農村整備関係）</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><b>電子成果品確認用チェックシート【業務】（農業農村整備関係）</b></p> <p style="text-align: right;">実施日 <span style="border: 1px solid black; padding: 0 5px;">□□</span> 年 月 日</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20%;">設計書番号</td><td></td></tr> <tr><td>事業名</td><td></td></tr> <tr><td>地区名</td><td></td></tr> <tr><td>業務名</td><td></td></tr> <tr><td>起工番号</td><td style="text-align: center;">□□ 年度 起工号</td></tr> <tr><td>履行期間</td><td style="text-align: center;">□□ 年 月 日 ~ □□ 年 月 日</td></tr> </table> <p><b>1)電子媒体の確認</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">媒体の提出<br/>(CD-R 正副各1部)</td> <td> <input type="checkbox"/> 問題なし → インクジェット用白色レーベルを使用<br/> <input type="checkbox"/> 問題あり                 </td> </tr> <tr> <td>ラベルの記載事項</td> <td> <input type="checkbox"/> 問題なし → 正しく記載されている<br/> <input type="checkbox"/> 問題あり                 </td> </tr> </table> <p><b>2)ウイルスチェック</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">実施結果</td> <td> <input type="checkbox"/> 異常なし → ウイルスは検出されなかった<br/> <input type="checkbox"/> 異常あり                 </td> </tr> </table> <p><b>3)チェックプログラムによるチェック</b><br/>(1) フォルダ構成/ファイル名</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">電子媒体内のフォルダ構成</td> <td> <input type="checkbox"/> 問題なし → 正しく作成されている<br/> <input type="checkbox"/> 問題あり                 </td> </tr> <tr> <td>ファイル名<br/>(命名規則の遵守)</td> <td> <input type="checkbox"/> 問題なし → 正しく作成されている<br/> <input type="checkbox"/> 問題あり                 </td> </tr> </table> </div> | 設計書番号  |  | 事業名 |  | 地区名 |  | 業務名 |  | 起工番号 | □□ 年度 起工号 | 履行期間 | □□ 年 月 日 ~ □□ 年 月 日 | 媒体の提出<br>(CD-R 正副各1部) | <input type="checkbox"/> 問題なし → インクジェット用白色レーベルを使用<br><input type="checkbox"/> 問題あり | ラベルの記載事項 | <input type="checkbox"/> 問題なし → 正しく記載されている<br><input type="checkbox"/> 問題あり | 実施結果 | <input type="checkbox"/> 異常なし → ウイルスは検出されなかった<br><input type="checkbox"/> 異常あり | 電子媒体内のフォルダ構成 | <input type="checkbox"/> 問題なし → 正しく作成されている<br><input type="checkbox"/> 問題あり | ファイル名<br>(命名規則の遵守) | <input type="checkbox"/> 問題なし → 正しく作成されている<br><input type="checkbox"/> 問題あり | <p>○電子成果品確認用チェックシート【業務】（農業農村整備関係）</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><b>電子成果品確認用チェックシート【業務】（農業農村整備関係）</b></p> <p style="text-align: right;">実施日 <span style="border: 1px solid black; padding: 0 5px;">平成</span> 年 月 日</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20%;">設計書番号</td><td></td></tr> <tr><td>事業名</td><td></td></tr> <tr><td>地区名</td><td></td></tr> <tr><td>業務名</td><td></td></tr> <tr><td>起工番号</td><td style="text-align: center;">平成 年度 起工号</td></tr> <tr><td>履行期間</td><td style="text-align: center;">平成 年 月 日 ~ 平成 年 月 日</td></tr> </table> <p><b>1)電子媒体の確認</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">媒体の提出<br/>(CD-R 正副各1部)</td> <td> <input type="checkbox"/> 問題なし → インクジェット用白色レーベルを使用<br/> <input type="checkbox"/> 問題あり                 </td> </tr> <tr> <td>ラベルの記載事項</td> <td> <input type="checkbox"/> 問題なし → 正しく記載されている<br/> <input type="checkbox"/> 問題あり                 </td> </tr> </table> <p><b>2)ウイルスチェック</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">実施結果</td> <td> <input type="checkbox"/> 異常なし → ウイルスは検出されなかった<br/> <input type="checkbox"/> 異常あり                 </td> </tr> </table> <p><b>3)チェックプログラムによるチェック</b><br/>(1) フォルダ構成/ファイル名</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">電子媒体内のフォルダ構成</td> <td> <input type="checkbox"/> 問題なし → 正しく作成されている<br/> <input type="checkbox"/> 問題あり                 </td> </tr> <tr> <td>ファイル名<br/>(命名規則の遵守)</td> <td> <input type="checkbox"/> 問題なし → 正しく作成されている<br/> <input type="checkbox"/> 問題あり                 </td> </tr> </table> </div> | 設計書番号 |  | 事業名 |  | 地区名 |  | 業務名 |  | 起工番号 | 平成 年度 起工号 | 履行期間 | 平成 年 月 日 ~ 平成 年 月 日 | 媒体の提出<br>(CD-R 正副各1部) | <input type="checkbox"/> 問題なし → インクジェット用白色レーベルを使用<br><input type="checkbox"/> 問題あり | ラベルの記載事項 | <input type="checkbox"/> 問題なし → 正しく記載されている<br><input type="checkbox"/> 問題あり | 実施結果 | <input type="checkbox"/> 異常なし → ウイルスは検出されなかった<br><input type="checkbox"/> 異常あり | 電子媒体内のフォルダ構成 | <input type="checkbox"/> 問題なし → 正しく作成されている<br><input type="checkbox"/> 問題あり | ファイル名<br>(命名規則の遵守) | <input type="checkbox"/> 問題なし → 正しく作成されている<br><input type="checkbox"/> 問題あり |
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| 設計書番号   |  |  |     |  |     |  |     |  |      |           |      |                     |                       |  |          |   |      |  |              |   |                    |   |   |       |  |     |  |     |  |     |  |      |           |      |                     |                       |  |          |   |      |  |              |   |                    |   |
| 事業名   |  |  |     |  |     |  |     |  |      |           |      |                     |                       |  |          |   |      |  |              |   |                    |   |   |       |  |     |  |     |  |     |  |      |           |      |                     |                       |  |          |   |      |  |              |   |                    |   |
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| 改 定 後  | 現 行  |                               |            |                               |           |                               |             |                               |             |                               |             |                               |             |                               |                    |                               |            |                               |                   |                               |        |   |       |  |        |  |        |  |  |           |                               |            |                               |           |                               |             |                               |             |                               |             |                               |             |                               |                    |                               |            |                               |        |   |       |  |        |  |        |  |
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○ 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）の一部改訂について（新旧対照表）

| 改 定 後  | 現 行                                  |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |             |                                      |   |          |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |
|--|--------------------------------------|--------------------------------------|---------|--------------------------------------|-------|--------------------------------------|-------|--------------------------------------|---------------|--------------------------------------|---------------|--------------------------------------|-----------------|--------------------------------------|-------|--------------------------------------|-----------|--------------------------------------|---------------|--------------------------------------|---------------|--------------------------------------|------------|--------------------------------------|-------------|--------------------------------------|---|----------|--------------------------------------|---------|--------------------------------------|-------|--------------------------------------|-------|--------------------------------------|---------------|--------------------------------------|---------------|--------------------------------------|-----------------|--------------------------------------|-------|--------------------------------------|-----------|--------------------------------------|---------------|--------------------------------------|---------------|--------------------------------------|------------|--------------------------------------|
| <p>5)電子データ内容と印刷出力との内容照合チェック</p> <table border="1"> <tr> <td>□報告書ファイル</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□図面ファイル</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□測量記録</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□測量成果</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□ボーリング交換用ファイル</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□電子柱状図データファイル</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□電子簡略柱状図データファイル</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□コア写真</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□電子データシート</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□データシート交換用データ</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□土質試験結果一覧表データ</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□その他地質調査資料</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□情報化施工関連データ</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> </table> | □報告書ファイル                             | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □図面ファイル | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □測量記録 | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □測量成果 | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □ボーリング交換用ファイル | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □電子柱状図データファイル | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □電子簡略柱状図データファイル | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □コア写真 | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □電子データシート | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □データシート交換用データ | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □土質試験結果一覧表データ | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □その他地質調査資料 | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □情報化施工関連データ | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | <p>5)電子データ内容と印刷出力との内容照合チェック</p> <table border="1"> <tr> <td>□報告書ファイル</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□図面ファイル</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□測量記録</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□測量成果</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□ボーリング交換用ファイル</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□電子柱状図データファイル</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□電子簡略柱状図データファイル</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□コア写真</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□電子データシート</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□データシート交換用データ</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□土質試験結果一覧表データ</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> <tr> <td>□その他地質調査資料</td> <td>□ 問題なし → 電子データと印刷出力が一致している<br/>□ 問題あり</td> </tr> </table> | □報告書ファイル | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □図面ファイル | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □測量記録 | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □測量成果 | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □ボーリング交換用ファイル | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □電子柱状図データファイル | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □電子簡略柱状図データファイル | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □コア写真 | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □電子データシート | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □データシート交換用データ | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □土質試験結果一覧表データ | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり | □その他地質調査資料 | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり |
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| □ボーリング交換用ファイル  | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |             |                                      |   |          |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |
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| □情報化施工関連データ  | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |             |                                      |   |          |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |
| □報告書ファイル   | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |             |                                      |   |          |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |
| □図面ファイル  | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |             |                                      |   |          |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |
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| □ボーリング交換用ファイル  | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |             |                                      |   |          |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |
| □電子柱状図データファイル  | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |             |                                      |   |          |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |
| □電子簡略柱状図データファイル  | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |             |                                      |   |          |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |
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| □電子データシート  | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |             |                                      |   |          |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |
| □データシート交換用データ  | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |             |                                      |   |          |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |
| □土質試験結果一覧表データ  | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |             |                                      |   |          |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |
| □その他地質調査資料   | □ 問題なし → 電子データと印刷出力が一致している<br>□ 問題あり |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |             |                                      |   |          |                                      |         |                                      |       |                                      |       |                                      |               |                                      |               |                                      |                 |                                      |       |                                      |           |                                      |               |                                      |               |                                      |            |                                      |

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| 改 定 後  | 現 行  |  |                             |  |            |  |  |                               |  |                             |  |            |  |
|--|--|--|-----------------------------|--|------------|--|--|-------------------------------|--|-----------------------------|--|------------|--|
| <div style="border: 1px solid black; padding: 10px;"> <p><b>6)電子データによる書類検査</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/>コア写真</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> 問題なし<br/><input type="checkbox"/> 問題あり</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/>図面</td> <td style="padding: 2px;"><input type="checkbox"/> 問題なし → 基準通りのレイヤ作成と格納がされている<br/><input type="checkbox"/> 問題あり</td> </tr> </table> <p><b>7)電子媒体納品書の受領</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">電子媒体納品書の受領</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> 受注者は、管理技術者が署名した電子媒体納品書を提出する</td> </tr> </table> <p><b>8)その他</b></p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div> </div> | <input type="checkbox"/> コア写真  | <input type="checkbox"/> 問題なし<br><input type="checkbox"/> 問題あり | <input type="checkbox"/> 図面 | <input type="checkbox"/> 問題なし → 基準通りのレイヤ作成と格納がされている<br><input type="checkbox"/> 問題あり | 電子媒体納品書の受領 | <input type="checkbox"/> 受注者は、管理技術者が署名した電子媒体納品書を提出する | <div style="border: 1px solid black; padding: 10px;"> <p><b>6)電子データによる書類検査</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/>コア写真</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> 問題なし<br/><input type="checkbox"/> 問題あり</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/>図面</td> <td style="padding: 2px;"><input type="checkbox"/> 問題なし → 基準通りのレイヤ作成と格納がされている<br/><input type="checkbox"/> 問題あり</td> </tr> </table> <p><b>7)電子媒体納品書の受領</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">電子媒体納品書の受領</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> 受注者は、管理技術者が署名した電子媒体納品書を提出する</td> </tr> </table> <p><b>8)その他</b></p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div> </div> | <input type="checkbox"/> コア写真 | <input type="checkbox"/> 問題なし<br><input type="checkbox"/> 問題あり | <input type="checkbox"/> 図面 | <input type="checkbox"/> 問題なし → 基準通りのレイヤ作成と格納がされている<br><input type="checkbox"/> 問題あり | 電子媒体納品書の受領 | <input type="checkbox"/> 受注者は、管理技術者が署名した電子媒体納品書を提出する |
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|---|-------|-----|-----|-------|------|--|---------|-----|-----|-----|-------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|--|--|--|------|--|---------|-----|-----|-----|-------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>○電子媒体納品書（工事）</p> <div style="border: 1px solid black; padding: 20px; text-align: center;"> <p><b>電 子 媒 体 納 品 書</b></p> <p>殿</p> <p>請負者(住所)<br/>(氏名)<br/>現場代理人氏名(自署) <span style="color: red;">【削除】</span></p> <p>下記のとおり電子媒体を納品します。なお、電子媒体に保存されている電子データは、<br/>原本と相違ないことを証明します。</p> <p>記</p> <table border="1" style="margin: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">工 事 名</th> <th colspan="3"></th> <th style="width: 15%;">案件番号</th> <th></th> </tr> <tr> <th>電子媒体の種類</th> <th>規 格</th> <th>単 位</th> <th>数 量</th> <th>作成年月日</th> <th>備考</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </div> | 工 事 名 |     |     |       | 案件番号 |  | 電子媒体の種類 | 規 格 | 単 位 | 数 量 | 作成年月日 | 備考 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <p>○電子媒体納品書（工事）</p> <div style="border: 1px solid black; padding: 20px; text-align: center;"> <p><b>電 子 媒 体 納 品 書</b></p> <p>殿</p> <p>請負者(住所)<br/>(氏名)<br/>現場代理人氏名(自署) <span style="color: red;">印</span></p> <p>下記のとおり電子媒体を納品します。なお、電子媒体に保存されている電子データは、<br/>原本と相違ないことを証明します。</p> <p>記</p> <table border="1" style="margin: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">工 事 名</th> <th colspan="3"></th> <th style="width: 15%;">案件番号</th> <th></th> </tr> <tr> <th>電子媒体の種類</th> <th>規 格</th> <th>単 位</th> <th>数 量</th> <th>作成年月日</th> <th>備考</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </div> | 工 事 名 |  |  |  | 案件番号 |  | 電子媒体の種類 | 規 格 | 単 位 | 数 量 | 作成年月日 | 備考 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|---|-------|-----|-----|-------|------|--|---------|-----|-----|-----|-------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|--|--|--|------|--|---------|-----|-----|-----|-------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>○電子媒体納品書（業務）</p> <div style="border: 1px solid black; padding: 20px; text-align: center;"> <p><b>電 子 媒 体 納 品 書</b></p> <p>殿</p> <p>受注者(住所)<br/>(氏名)<br/>管理技術者氏名(自署) <span style="color: red;">【削除】</span></p> <p>下記のとおり電子媒体を納品します。なお、電子媒体に保存されている電子データは、<br/>原本と相違ないことを証明します。</p> <p>記</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">業 務 名</th> <th colspan="3"></th> <th style="text-align: center;">案件番号</th> <th></th> </tr> <tr> <th style="text-align: center;">電子媒体の種類</th> <th style="text-align: center;">規 格</th> <th style="text-align: center;">単 位</th> <th style="text-align: center;">数 量</th> <th style="text-align: center;">作成年月日</th> <th style="text-align: center;">備 考</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </div> | 業 務 名 |     |     |       | 案件番号 |  | 電子媒体の種類 | 規 格 | 単 位 | 数 量 | 作成年月日 | 備 考 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <p>○電子媒体納品書（業務）</p> <div style="border: 1px solid black; padding: 20px; text-align: center;"> <p><b>電 子 媒 体 納 品 書</b></p> <p>殿</p> <p>受注者(住所)<br/>(氏名)<br/>管理技術者氏名(自署) <span style="color: red;">印</span></p> <p>下記のとおり電子媒体を納品します。なお、電子媒体に保存されている電子データは、<br/>原本と相違ないことを証明します。</p> <p>記</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">業 務 名</th> <th colspan="3"></th> <th style="text-align: center;">案件番号</th> <th></th> </tr> <tr> <th style="text-align: center;">電子媒体の種類</th> <th style="text-align: center;">規 格</th> <th style="text-align: center;">単 位</th> <th style="text-align: center;">数 量</th> <th style="text-align: center;">作成年月日</th> <th style="text-align: center;">備 考</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </div> | 業 務 名 |  |  |  | 案件番号 |  | 電子媒体の種類 | 規 格 | 単 位 | 数 量 | 作成年月日 | 備 考 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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○ 福岡県農林水産部（県営農業農村整備事業）電子納品運用ガイドライン（案）の一部改訂について（新旧対照表）

| 改 定 後       | 現 行   |
|-------------|---|
| <p>【削除】</p> | <p>福岡県農林水産部（県営農業農村整備事業）<br/>電子納品運用ガイドライン（案）【参考資料編】 平成28年10月</p> |