





| <b>CONTRACTOR QUALITY CONTROL REPORT</b>   |   |  |   | DATE                                 | Enter (DD/MMM/YY)  |
|--|---|--|---|--------------------------------------|--|
| (ATTACH ADDITIONAL SHEETS IF NECESSARY)  |   |  |   | REPORT NO                            | Enter Rpt # Here   |
| PHASE  | CONTRACT NO   | Enter Cnt# Here  | CONTRACT TITLE Enter Title and Location of Construction Contract Here |                                      |  |
| <b>PREPARATORY</b>   | WAS PREPARATORY PHASE WORK PREFORMED TODAY?                           |  |   |                                      | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|  | IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST. |  |   |                                      |  |
|  | Schedule Activity No.   | Definable Feature of Work  |   |                                      | Index #  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
| <b>INITIAL</b>   | WAS INITIAL PHASE WORK PREFORMED TODAY?                               |  |   |                                      | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|  | IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.     |  |   |                                      |  |
|  | Schedule Activity No.   | Definable Feature of Work  |   |                                      | Index #  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
| <b>FOLLOW-UP</b>   | WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE?         |  |   |                                      | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|  | WORK COMPLIES WITH SAFETY REQUIREMENTS?                               |  |   |                                      | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|  | Schedule Activity No.   | Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
| REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)   |   | REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  |   |                                      |  |
| Schedule Activity No.  | Description   | Schedule Activity No.  | Description   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
| REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)  |   |  |   |                                      |  |
| Schedule Activity No.  | Description   |  |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
| On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report. |   |  |   | AUTHORIZED QC MANAGER AT SITE        | DATE   |
| <b>GOVERNMENT QUALITY ASSURANCE REPORT</b>   |   |  |   | DATE                                 |  |
| QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT   |   |  |   |                                      |  |
| Schedule Activity No.  | Description   |  |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   |                                      |  |
|  |   |  |   | GOVERNMENT QUALITY ASSURANCE MANAGER | DATE   |

# GOVERNMENT QUALITY ASSURANCE (QA) REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE Enter Date (DD/MMM/YY)

CONTRACT NO  
Enter Cnt# Here

TITLE AND LOCATION  
Enter Title and Location of Construction Contract Here

REPORT NO Enter Report # Here

|                           |                 |                          |                          |                       |
|---------------------------|-----------------|--------------------------|--------------------------|-----------------------|
| <b>Status</b>             | <b>WORKING?</b> | YES                      | NO                       | IF NO, WHY NOT: _____ |
|                           |                 | <input type="checkbox"/> | <input type="checkbox"/> | _____                 |
| WEATHER CONDITIONS: _____ |                 |                          |                          |                       |

|                     |  |                          |                          |          |
|---------------------|--|--------------------------|--------------------------|----------|
| <b>Check Points</b> |  | YES                      | NO                       | REMARKS: |
|                     | SUPERINTENDENT ON SITE                   | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                     | QC MANAGER ON SITE                       | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                     | QC REPORTS CURRENT                       | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                     | AS-BUILTS CURRENT                        | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                     | SUBMITTALS APPROVED FOR FOR ONGOING WORK | <input type="checkbox"/> | <input type="checkbox"/> |          |
|                     | DEFICIENCY LIST REVIEWED                 | <input type="checkbox"/> | <input type="checkbox"/> |          |

WORK OBSERVED/DEFICIENCIES NOTED/SAFETY ISSUES DISCUSSED/QA TESTS AND RESULTS:

| Schedule Activity No | DESCRIBE OBSERVATIONS |
|----------------------|-----------------------|
|                      |                       |
|                      |                       |
|                      |                       |
|                      |                       |
|                      |                       |
|                      |                       |
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MEETING/CONFERENCE NOTES (INCLUDING PARTICIPANTS):

| Schedule Activity No. | NOTES |
|-----------------------|-------|
|                       |       |
|                       |       |
|                       |       |
|                       |       |
|                       |       |
|                       |       |
|                       |       |
|                       |       |
|                       |       |
|                       |       |

INSTRUCTIONS GIVEN OR RECEIVED/CONTROVERSIES PENDING:

| Schedule Activity No. | INSTRUCTIONS/CONTROVERSIES |
|-----------------------|----------------------------|
|                       |                            |
|                       |                            |
|                       |                            |
|                       |                            |
|                       |                            |
|                       |                            |
|                       |                            |
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|                       |                            |
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|                            |               |                        |               |
|----------------------------|---------------|------------------------|---------------|
| _____<br>QA REPRESENTATIVE | _____<br>DATE | _____<br>SUPV INITIALS | _____<br>DATE |
|----------------------------|---------------|------------------------|---------------|



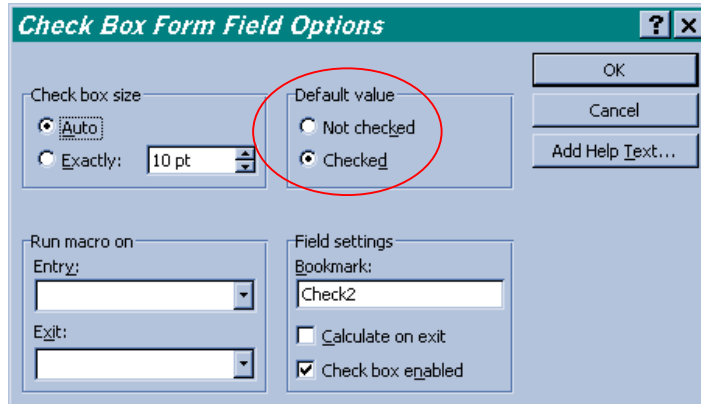
QC MANAGER

DATE

## Instructions for Using Report Forms in MS-Word

In the Report Header, fields that have instructional text such as “Enter Title and Location of Construction Contract Here” prompt the user to enter the information in a specific location, governed by the field. Single mouse click anywhere in the field and the field will darken. Entry of text/data at this point will delete the instructional text in the field and will be replaced with entered text/data.

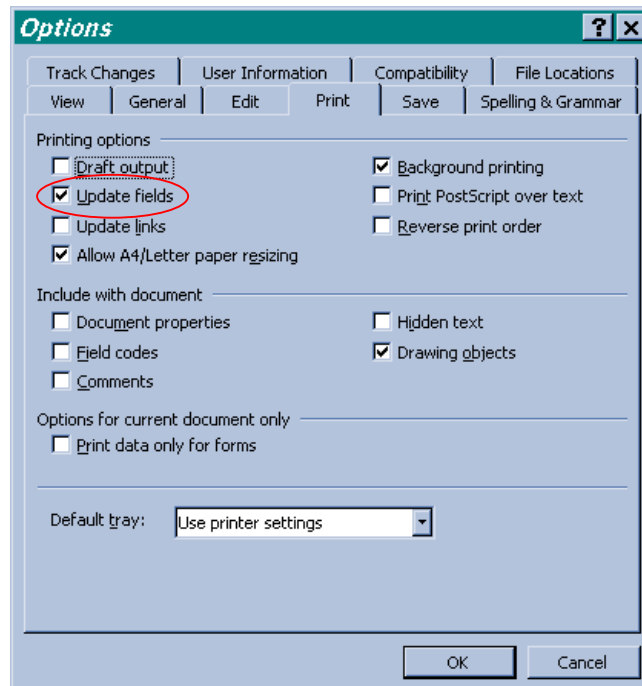
All check boxes are all defaulted as unchecked (i.e.; ). To check the box (i.e.; ) , double click the box and the “Check Box Form Field Options” box will appear. In the “Default value” section of the box, click in the Radio Button for “Checked”, then click on the “OK” button and the box will be checked.



The “Hour” fields were intentionally not programmed to total. If the Contractor deleted the formula in a field within the range that was to be totaled, the total would be wrong.

With the ability to [unlimitedly] expand the Contractor Production Report and Contractor Quality Control Representative Report, their Continuation Sheets are obsolete.

In the footer of each form are data fields for the Sheet number and the total number of sheets in the report (Sheet 1 of 2). The first number will generate itself when pages of the report are added. But MS-Word will not automatically update the second number. To update the NumPages field, click the field or the field results and then press F9. You can also click **Options** in the **Tools** menu, click the **Print** tab, and then select the **Update fields** check box.



# PREPARATORY PHASE CHECKLIST

(CONTINUED ON SECOND PAGE)

|                                       |  |                           |                        |
|---------------------------------------|--|---------------------------|------------------------|
|                                       |  | SPEC SECTION              | DATE                   |
|                                       |  | Enter Spec Section # Here | Enter Date (DD/MMM/YY) |
| CONTRACT NO                           | DEFINABLE FEATURE OF WORK  | SCHEDULE ACT NO.          | INDEX #                |
| Enter Cnt# Here                       | Enter DFW Here   | Enter Sched Act ID Here   | Enter Index# Here      |
| <b>PERSONNEL PRESENT</b>              | GOVERNMENT REP NOTIFIED _____ HOURS IN ADVANCE: YES <input type="checkbox"/> NO <input type="checkbox"/>                                 |                           |                        |
|                                       | NAME   | POSITION                  | COMPANY/GOVERNMENT     |
|                                       |  |                           |                        |
|                                       |  |                           |                        |
|                                       |  |                           |                        |
|                                       |  |                           |                        |
|                                       |  |                           |                        |
|                                       |  |                           |                        |
| <b>SUBMITTALS</b>                     | REVIEW SUBMITTALS AND/OR SUBMITTAL REGISTER. HAVE ALL SUBMITTALS BEEN APPROVED? YES <input type="checkbox"/> NO <input type="checkbox"/> |                           |                        |
|                                       | IF NO, WHAT ITEMS HAVE NOT BEEN SUBMITTED? _____   |                           |                        |
|                                       |  |                           |                        |
|                                       | ARE ALL MATERIALS ON HAND? YES <input type="checkbox"/> NO <input type="checkbox"/>  |                           |                        |
|                                       | IF NO, WHAT ITEMS ARE MISSING? _____   |                           |                        |
| <b>MATERIAL STORAGE</b>               | ARE MATERIALS STORED PROPERLY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |                           |                        |
|                                       | IF NO, WHAT ACTION IS TAKEN? _____   |                           |                        |
|                                       |  |                           |                        |
|                                       |  |                           |                        |
| <b>SPECIFICATIONS</b>                 | REVIEW EACH PARAGRAPH OF SPECIFICATIONS. _____   |                           |                        |
|                                       |  |                           |                        |
|                                       | DISCUSS PROCEDURE FOR ACCOMPLISHING THE WORK. _____  |                           |                        |
|                                       |  |                           |                        |
|                                       | CLARIFY ANY DIFFERENCES. _____   |                           |                        |
| <b>PRELIMINARY WORK &amp; PERMITS</b> | ENSURE PRELIMINARY WORK IS CORRECT AND PERMITS ARE ON FILE.  |                           |                        |
|                                       | IF NOT, WHAT ACTION IS TAKEN? _____  |                           |                        |
|                                       |  |                           |                        |
|                                       |  |                           |                        |





## RESPONSIBILITIES/AUTHORITY OF THE QC MANAGER

1. Appointing letter to the QC manager shall detail his/her authority and responsibility to act for the contractor and outline his/her duties, responsibilities and authority. He/she shall have no job-related responsibilities other than QC unless specifically permitted in the specification.
2. He/she shall be on the site at all times during progress of the work, with complete authority to take any action necessary to ensure conformance with the contract requirements. In the event of his/her absence, approved backup shall be on the site.
3. Authority to immediately stop any segment of work which does not comply with the contract plans and specifications and direct the removal and replacement of any defective work.
4. Conduct daily inspection of work performed for compliance with plans and specifications.
5. Certify daily that all materials and equipment delivered/installed in the work comply with contract plans and specifications. Certify daily that all work performed on the construction site and off the construction site conforms to plans and specifications. Report any deficiencies and remedial action planned and taken.
6. Supervise and coordinate the inspection and tests made by the members of the Quality Control Organization, including subcontractors.
7. Assure QC staff is adequate to meet its responsibilities.
8. Maintain a copy of the ROICC approved QC Plan on file at the jobsite complete with up-to-date approved revisions/filled-in log of submittals. Maintain at the jobsite an up-to-date QC Submittal Register (provided in the specification) showing the status of all submittals required by the contract.
9. Maintain at the jobsite a testing plan showing status of all tests required by the contracts. Ensure that all tests required are performed and report the results of same. Indicate whether test results show the item tested conforms to contract requirements or not.
10. Authority to remove any individual from the site who fails to perform his/her work in a skillful and workmanlike manner or his/her work does not comply with the contract plans and specifications.
11. QC manager does not have authority to deviate from plans and specifications without prior approval, in writing, from the ROICC.
12. Ensure that the contractor's Quality Control Organization is adequately staffed with qualified personnel to perform all the detailed inspections and testing specified in the plans and specifications.
13. Maintain at the jobsite the up-to-date QC Rework Items List.



