



# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE Enter (DD/MMM/YY)

REPORT NO Enter Rpt # Here

|       |  |  |
|-------|--|--|
| PHASE | CONTRACT NO <span style="float: right;">Enter Cnt# Here</span> | CONTRACT TITLE <span style="float: right;">Enter Title and Location of Construction Contract Here</span> |
|-------|--|--|

|                    |   |                           |
|--------------------|---|---------------------------|
| <b>PREPARATORY</b> | WAS PREPARATORY PHASE WORK PREFORMED TODAY? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span> |                           |
|                    | IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.   |                           |
|                    | Schedule Activity No.   | Definable Feature of Work |
|                    |   |                           |
|                    |   |                           |

|                |   |                           |
|----------------|---|---------------------------|
| <b>INITIAL</b> | WAS INITIAL PHASE WORK PREFORMED TODAY? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span> |                           |
|                | IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.   |                           |
|                | Schedule Activity No.   | Definable Feature of Work |
|                |   |                           |
|                |   |                           |

|                  |   |  |
|------------------|---|--|
| <b>FOLLOW-UP</b> | WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span> |  |
|                  | WORK COMPLIES WITH SAFETY REQUIREMENTS? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>                       |  |
|                  | 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

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

|  |             |
|--|-------------|
| QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT |             |
| Schedule Activity No.  | Description |
|  |             |
|  |             |
|  |             |

\_\_\_\_\_  
GOVERNMENT QUALITY ASSURANCE MANAGER DATE

| <b>PREPARATORY PHASE CHECKLIST</b>    |  | SPEC SECTION              | DATE                   |
|---------------------------------------|--|---------------------------|------------------------|
| (CONTINUED ON SECOND PAGE)            |  | Enter Spec Section # Here | Enter Date (DD/MMM/YY) |
| CONTRACT NO                           | DEFINABLE FEATURE OF WORK  | SCHEDULE ACT NO.          | INDEX #                |
| Enter Cnt# Here                       | Enter DFOV 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? _____  |                           |                        |
|                                       |  |                           |                        |
|                                       |  |                           |                        |

|   |   |
|---|---|
| <b>TESTING</b>  | IDENTIFY TEST TO BE PERFORMED, FREQUENCY, AND BY WHOM. _____                                |
|   | _____   |
|   | _____   |
|   | WHEN REQUIRED? _____  |
|   | _____   |
|   | WHERE REQUIRED? _____   |
|   | _____   |
|   | REVIEW TESTING PLAN. _____  |
|   | _____   |
|   | HAS TEST FACILITIES BEEN APPROVED? _____  |
| _____   |   |
| <b>SAFETY</b>   | ACTIVITY HAZARD ANALYSIS APPROVED? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|   | REVIEW APPLICABLE PORTION OF EM 385-1-1. _____  |
|   | _____   |
| <b>MEETING COMMENTS</b>                                     | NAVY/ROICC COMMENTS DURING MEETING.   |
|   | _____   |
|   | _____   |
|   | _____   |
|   | _____   |
|   | _____   |
| <b>OTHER ITEMS OR REMARKS</b>                               | OTHER ITEMS OR REMARKS:   |
|   | _____   |
|   | _____   |
|   | _____   |
|   | _____   |
|   | _____   |
| _____<br>QC MANAGER <span style="float: right;">DATE</span> |   |

| <b>INITIAL PHASE CHECKLIST</b> |   | SPEC SECTION<br>Enter Spec Section # Here   | DATE<br>Enter Date (DD/MMM/YY) |
|--------------------------------|---|---|--------------------------------|
| CONTRACT NO<br>Enter Cnt# Here | DEFINABLE FEATURE OF WORK<br>Enter DFOV Here  | SCHEDULE ACT NO.<br>Enter Sched Act ID Here | INDEX #<br>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>PROCEDURE COMPLIANCE</b>    | IDENTIFY FULL COMPLIANCE WITH PROCEDURES IDENTIFIED AT PREPARATORY. COORDINATE PLANS, SPECIFICATIONS, AND SUBMITTALS. |   |                                |
|                                | COMMENTS: _____   |   |                                |
|                                |   |   |                                |
| <b>PRELIMINARY WORK</b>        | ENSURE PRELIMINARY WORK IS COMPLETE AND CORRECT. IF NOT, WHAT ACTION IS TAKEN?  |   |                                |
|                                |   |   |                                |
|                                |   |   |                                |
|                                |   |   |                                |
|                                |   |   |                                |
| <b>WORKMANSHIP</b>             | ESTABLISH LEVEL OF WORKMANSHIP.<br>WHERE IS WORK LOCATED? _____   |   |                                |
|                                |   |   |                                |
|                                | IS SAMPLE PANEL REQUIRED?   | YES <input type="checkbox"/>                | NO <input type="checkbox"/>    |
|                                | WILL THE INITIAL WORK BE CONSIDERED AS A SAMPLE?  | YES <input type="checkbox"/>                | NO <input type="checkbox"/>    |
|                                | (IF YES, MAINTAIN IN PRESENT CONDITION AS LONG AS POSSIBLE AND DESCRIBE LOCATION OF SAMPLE) _____                     |   |                                |
| <b>RESOLUTION</b>              | RESOLVE ANY DIFFERENCES.  |   |                                |
|                                | COMMENTS: _____   |   |                                |
|                                |   |   |                                |
|                                |   |   |                                |
| <b>CHECK SAFETY</b>            | REVIEW JOB CONDITIONS USING EM 385-1-1 AND JOB HAZARD ANALYSIS  |   |                                |
|                                | COMMENTS: _____   |   |                                |
|                                |   |   |                                |
|                                |   |   |                                |
|                                |   |   |                                |
| <b>OTHER</b>                   | OTHER ITEMS OR REMARKS  |   |                                |
|                                |   |   |                                |
|                                |   |   |                                |
| _____<br>QC MANAGER            |   | _____<br>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:<br>_____ |
|                              |                 | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| WEATHER CONDITIONS:<br>_____ |                 |                          |                          |                          |

| Check Points |  | 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 |
|-----------------------|-------|
|                       |       |
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INSTRUCTIONS GIVEN OR RECEIVED/CONTROVERSIES PENDING:

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



