EVALUATION OF CONTRACTOR QUALITY CONTROL SYSTEM

Date:_____ % Complete:_____

Contract #:_____ Location:_____

Project Title:_____

Contractor:_____

1. QC Manager's Rating

If you wish to evaluate other members of the QC staff, please attach additional forms. This information will help us insure approval of competent QC Managers and their staff.

Indicate all education/experience that applies. **G** - Graduate Eng/Arch **C** - Graduate Construction Manager **F** - Former QC rep **S** - Sup't/PM/Foreman

Name:_____ Education / Exper:_____

	POOR	FAIR	GOOD	EXCELLENT
a. Overall Performance/Cooperation Level	❑	❑	❑	❑
b. Daily Quality Control Reports	❑	❑	❑	❑
c. Submittal Register Log Maintenance	❑	❑	❑	❑
d. Testing Plan & Log Maintenance	❑	❑	❑	❑
e. Deficiency Log / Rework Items List	❑	❑	❑	❑
f. As-built Drawings	❑	❑	❑	❑
g. Three Phase Control-Inspection	❑	❑	❑	❑
2. Contractor's Support QC Management Program	❑	❑	❑	❑
3. Effectiveness of 01450 QC specification	❑	❑	❑	❑

4. Comments:_____

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Attach Evaluation to DD FORM 2626 and return to LANTNAVFACENGCOM Code CI52JB.