

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE _____

REPORT NO _____

PHASE	CONTRACT NO	CONTRACT TITLE
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PREPARATORY	WAS PREPARATORY PHASE WORK PERFORMED TODAY? IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	<input type="radio"/> YES <input type="radio"/> NO
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Schedule Activity No	Definable Feature of Work (DFOW)	Index #
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INITIAL	WAS INITIAL PHASE WORK PERFORMED TODAY? IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	<input type="radio"/> YES <input type="radio"/> NO
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Schedule Activity No	Definable Feature of Work (DFOW)	Index #
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FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? WORK COMPLIES WITH SAFETY REQUIREMENTS AND INSPECTION COMPLIES WITH EM385-1-1?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO
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Schedule Activity No	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
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REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
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Schedule Activity No	Description	Schedule Activity No	Description

REMARKS (Also Explain Any Follow-Up Phase checklist Item From Above That Was Answered "NO"; Work Deficiency, Safety Deficiency.) Manuf. Rep On-Site, etc.

Schedule Activity No	Description
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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
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QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT: FOR GOVERNMENT USE ONLY.
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Schedule Activity No	Description
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GOVERNMENT QUALITY ASSURANCE MANAGER

DATE