CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE

REPORT NO

PHASE	CONTRACT NO	CONTRACT TITLE

PREPARATORY

WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES ☐ NO ☐

IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

INITIAL

WAS INITIAL PHASE WORK PERFORMED TODAY? YES ☐ NO ☐

IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

FOLLOW-UP

WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES ☐ NO ☐

WORK COMPLIES WITH SAFETY REQUIREMENTS? YES ☐ NO ☐

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)

Schedule Activity No.	Description

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

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