

ATR on Quality Control Check Report. (Bungalows)

Bungalow No	414	QC report stage		Sl. No.	34697
Company	AGH	Project		Phase	
Prepared by	MD. Sheraz	Sign		Date	19/11/2019
Project Manager	Zakiy	Sign		Date	19/11/2019
Receipt by QC date		Sign		Other	
Receipt at HO date		Sign		Other	
Checked By MID on		MID Sign		For filling	<input type="checkbox"/> Yes <input type="checkbox"/> No

Recommendation that was made by QC:
 Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.
 Stop further work. Proceed with work after submitting ATR on QC report to QC team.

Notes:

1. Attach a copy of the QC report to this sheet.
2. Circle each correction with a red pen - tick (✓) each circle for work completed and cross (X) each circle where work has not been completed.
3. Give remarks for each case where work has not completed on this sheet.
4. Make 2 copies of the ATR - send one to MID and other to QC.
5. Enclose required photographs - hard copy.

Remarks:

A, & C1 column chipped and re-casted again.
 All works completed.

Block No.	44	Column No.	01	Sl. No.	34697
Company	Agk	Project	AVR GUMWADA		
Prepared by	S. Suresh Kumar	Sign	[Signature]		
Project Manager	[Signature]	Sign	[Signature]		
Previous stage report no.	[Blank]				
Checked By MD on	34697	MD Sign	Report filed and signed by PM?		
Recommendation:		<input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC. <input checked="" type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team. <input type="checkbox"/> Proceed with further work only after making corrections pointed out in the QC report. ATR not required. <input type="checkbox"/> Proceed with further work. ATR not required.			
For filing		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Columns Position Check.

Notes:

- Inspection should be done after casting of columns at each stage and before starting centering works for each slab.
- Prepare Columns Position Check Plan as follows:
 - Divide blocks into smaller sub-blocks.
 - Show size and orientation of columns. (Tolerance 0.5")
 - Show inner - inner space between columns. (Tolerance 1")
 - Show diagonals for 20% of bays. (Tolerance 1.5")
 - Print an A3 size plan.
- Circle each correct dimension with green colour. Circle each incorrect dimension with red colour and mention actual dimension next to it.

Certified that all corrections mentioned in the QC report have been completed. Work can proceed to next stage.

Project in-charge	Sign	Date
[Signature]	[Signature]	27/11/19

3. Circle each correct dimension with green colour. Circle each incorrect dimension with red colour and mention actual dimension next to it.

Columns Position Check Plan enclosed? Yes No

Slab Dimensions Check.

Notes:

- Prepare Slab (or plinth beams) Dimensions Check Plan as follows:
 - Show outer dimensions of slab. (Tolerance 2")
 - Show length and width of balconies (Tolerance 1")
 - Show inner dimensions of ducts and lift well. (Tolerance 1")
 - Show location of sunken slab.
 - Print an A3 size plan.
- Circle each correct dimension with green colour. Circle each incorrect dimension with red colour and mention actual dimension next to it.

Slab Dimensions Check Plan enclosed? Yes No

Specified thickness of slab? NA **Actual thickness of slab?** NA

Block No.	44	Column No.	01	SL. No.	34697
Company	Agah	Project	AVR GUMMADUR	Phase	
Prepared by	S. SUNDARINES	Sign	[Signature]	Date	27/11/19
Project Manager	[Signature]	Sign	[Signature]	Date	27/11/19
Previous stage report no.		Report filed and signed by PM?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checked By MD on		MD Sign	34697	For filing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recommendation:					
<input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC. <input checked="" type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team. <input type="checkbox"/> Proceed with further work only after making corrections pointed out in the QC report. ATR not required. <input type="checkbox"/> Proceed with further work. ATR not required.					

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Project in-charge	Sign	Date
[Signature]	[Signature]	27/11/19

Slab Dimensions Check

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Yes No

Slab Dimensions Check Plan enclosed?	NA	Actual thickness of slab?	NA
Specified thickness of slab?	NA	Actual thickness of slab?	NA

Quality of centering, rod bending and concreting?		<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad
Quality of starters?		<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad
Number and size of honey combs?		<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad
Are the honey combs is slab and columns packed?		<input type="checkbox"/> High <input checked="" type="checkbox"/> Medium. <input type="checkbox"/> Low
Number of beams that are sagging, bulging, caved or deflected in the slab by more than 1"	—	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Have 6 cubes each for columns and slab casted and numbered for testing?		—
Remarks:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
both columns are twisted. Columns should be dismantled and re-cast due to		

Curing.

Bunds for curing made on slab?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bund size is less than 100 sqft?	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drum (200 lts) provided for curing?	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gunny bags used for column curing?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 100')		<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of curing in number of times a day (enquire from labourers)		
Is the pressure in the curing pipe more than 15' head?		
Quality of infrastructure for curing.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remarks:	3 times <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad	

Columns height, plumb, steel & level marking check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Tolerance: Plumb 0.25".
6. Circle actual height of columns if level differs from specified height by more than 1".

S No	Col No.	Col type	Height in ft		Steel (✓ or ✗)		Honeycombs	Plumb (✓ or ✗)		Reference level marked on column?
			Spec.	Actual	No of rods	Size of rods		Side 1	Side 2	
1.	A1	C9	8'-4 1/2"	8'-3"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	A3	C9	8'-4 1/2"	8'-6"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	A5	C9	8'-4 1/2"	8'-5"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	B3	C9	8'-7 1/2"	8'-8"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	C1	C1	8'-4 1/2"	8'-3"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	D4	C9	8'-4 1/2"	8'-4"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	D5	C1	8'-7 1/2"	8'-5"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	E1	C1	8'-7 1/2"	8'-5"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	E4	C9	8'-7 1/2"	8'-5"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	E5	C9	8'-7 1/2"	8'-5"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	G4	C3	7'-10"	8'-6"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	G5	C9	8'-7"	8'-7"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.										<input type="checkbox"/> Yes <input type="checkbox"/> No
14.										<input type="checkbox"/> Yes <input type="checkbox"/> No
15.										<input type="checkbox"/> Yes <input type="checkbox"/> No
16.										<input type="checkbox"/> Yes <input type="checkbox"/> No
17.										<input type="checkbox"/> Yes <input type="checkbox"/> No
18.										<input type="checkbox"/> Yes <input type="checkbox"/> No
19.										<input type="checkbox"/> Yes <input type="checkbox"/> No
20.										<input type="checkbox"/> Yes <input type="checkbox"/> No

