

Quality Control Check Report. Stage: After Finishing Stage II (Apartments)

Flat No	D-305	Other		Sl. No.	28744
Company	BNC	Project	MFC	Phase	IV
Prepared by	M. Teja Krishna	Sign	<i>AT</i>	Date	22/12/17
Project Manager	Subba Reddy	Sign	<i>SR</i>	Date	22/12/17
Previous stage report no.	28146	Report filed and signed by PM		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Checked By MD on		MD Sign		For filling	<input type="checkbox"/> Yes <input type="checkbox"/> No

Recommendation:

- 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.
- Proceed with further work only after making corrections pointed out in the QC report. ATR not required.
- Proceed with further work. ATR not required.

Inspection should be done after:

- Completion of flooring, bathroom/utility tiles, first coat of paint.
- Completion of doors, windows, grills, electrical wiring, switches must be done in next stage
- False ceiling must be completed before flooring.
- Kitchen platform, granite and dado must be completed where modular kitchen is not provided.
- Provide granite soffit for main door and balconies in this stage.

Miscellaneous check:

Main door fixed with lock & stopper	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Granite soffit for balcony provided	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granite soffit for balcony required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Balcony granite soffit edge polishing	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor
Balcony granite soffit workmanship	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor	Granite soffit for main door provided	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granite soffit for main door required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Main door granite soffit edge polishing	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor
Main door granite soffit workmanship	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor	False ceiling workmanship	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor
False ceiling to be provided ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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Tiling & granite work		Rate the quality of (Good ✓, Avg. X, Poor – needs correction XX, NA)												
S No	Room	Workmanship of tiling	White cement filling around CPVC lines	Corners finishing	Finishing near doors	Finishing on top of tiles	Finishing near ventilators	Step at bathroom entrance / utility	Step for shower / pot wash	Tile joint grouting	Granite platform finishing and edge polishing	Granite platform slope	Granite platform height	Finishing under granite platform
1	Toilet 1 (MT)	XX	<	<	<	<	<	<	<	<	<	<	<	<
2	Toilet 2 (CT)	>	>	>	>	>	>	>	>	>	>	>	>	>
3	Toilet 3	—	—	—	—	—	—	—	—	—	—	—	—	—
4	Toilet 4	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Wash-basin-in dining-area	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Kitchen	—	>	—	>	—	>	—	—	>	—	—	—	—
7	Utility	>	>	>	>	>	>	>	>	>	—	—	—	—
8	Other	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Other	—	—	—	—	—	—	—	—	—	—	—	—	—
Remarks		XX) In M. Toilet 1 no' Tile is Broken.												

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Flooring & painting		Rate the quality of (Good ✓, Avg. X, Poor – needs correction XX, NA)											
S No	Room	Color variation of floor tiles	Flooring workmanship & grouting	Skirting size (3")	Skirting workmanship	Plastering above skirting	Plastering & finishing of walls	Crack filling	Loft Finishing	General quality of painting & finishing	Door & frame painting quality	Door beading, luppam and painting quality.	Edge building
1	Bedroom 1 (MS)	<	<	<	<	<	<	<	—	<	<	<	<
2	Bedroom 2 (KB)	<	<	<	<	<	<	<	—	<	<	<	<
3	Bedroom 3 (GS)	<	<	<	<	<	<	<	—	<	<	<	<
4	Drawing	<	<	<	<	<	<	<	—	<	<	<	<
5	Dining	<	<	<	<	<	<	<	—	<	<	<	<
6	Lobby 1	—	—	—	—	—	—	—	—	—	—	—	—
7	Utility / balcony 1	<	<	<	<	<	<	<	—	<	<	<	<
8	Utility / balcony 2	<	<	<	<	<	<	<	—	<	<	<	<
9	Utility / balcony 3	—	—	—	—	—	—	—	—	—	—	—	—
10	Kitchen	<	<	<	<	<	<	<	<	<	<	<	<
11	Other												
12	Other												
Remarks													