

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

|                           |               |         |       |                               |   |
|---------------------------|---------------|---------|-------|-------------------------------|---|
| Flat No                   | E-705         | Other   |       | Sl. No.                       | 31819   |
| Company                   | BNC           | Project |       | Phase                         | IT  |
| Prepared by               | S. Sund Kumar | Sign    |       | Date                          | 23/10/18  |
| Project Manager           | Subba Reddy   | Sign    |       | Date                          | 23/10/18  |
| 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 | 30640 | 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, doors & beading, first coat of paint.
- Completion of 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 required   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | Granite soffit for balcony provided     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |  |  |
| Balcony granite soffit workmanship    | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor | Balcony granite soffit edge polishing   | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor |  |  |
| Granite soffit for main door required | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | Granite soffit for main door provided   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |  |  |
| Main door granite soffit workmanship  | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor | Main door granite soffit edge polishing | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor |  |  |
| False ceiling to be provided ?        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 | False ceiling workmanship               | <input type="checkbox"/> Good <input type="checkbox"/> Avg <input type="checkbox"/> Poor            |  |  |

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| Tiling & granite work |                           | Rate the quality of (Good ✓, Avg. ✕, Poor – needs correction ✕✕, 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 M.Toi            | ✓  | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✕                   | ✓   | ✓                      | ✓                       | ✕                                |
| 2                     | Toilet 2 C.Toi            | ✓  | ✕                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✕                   | ✓   | ✓                      | ✓                       | ✕                                |
| 3                     | Toilet 3                  | ✓  | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓   | ✓                      | ✓                       | ✓                                |
| 4                     | Toilet 4                  | ✓  | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓   | ✓                      | ✓                       | ✓                                |
| 5                     | Wash basin in dining area | ✓  | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓   | ✓                      | ✓                       | ✓                                |
| 6                     | Kitchen                   | ✓  | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓   | ✓                      | ✓                       | ✓                                |
| 7                     | Utility                   | ✓  | ✕                                      | ✕                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓   | ✓                      | ✓                       | ✓                                |
| 8                     | Other                     |  |  |                   |                      |                           |                            |                                     |                            |                     |   |                        |                         |                                  |
| 9                     | Other                     |  |  |                   |                      |                           |                            |                                     |                            |                     |   |                        |                         |                                  |
| Remarks               |                           | ① Provision for Modular Kit.   |  |                   |                      |                           |                            |                                     |                            |                     |   |                        |                         |                                  |

| S No    | Room                | Rate the quality of (Good ✓, Avg. X, Poor – needs correction XX, NA) |                                 |                    |                      |                           |                                 |               |                |   |                               |  |               |
|---------|---------------------|--|---------------------------------|--------------------|----------------------|---------------------------|---------------------------------|---------------|----------------|---|-------------------------------|--|---------------|
|         |                     | 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 M.Bed     | ✓  | ✓                               | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓  | ✓             |
| 2       | Bedroom 2 K.Bed     | ✓  | ✓                               | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓  | ✓             |
| 3       | Bedroom 3 Gr.Bed    | ✓  | ✓                               | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓  | ✓             |
| 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 |                     |  |                                 |                    |                      |                           |                                 |               |                |   |                               |  |               |
|         |                     |  |                                 |                    |                      |                           |                                 |               |                |   |                               |  |               |
|         |                     |  |                                 |                    |                      |                           |                                 |               |                |   |                               |  |               |