

**Quality Control Check Report: Stage: After Plumbing & Electrical (Apartments)**

|                                    |                 |         |          |  |   |
|------------------------------------|-----------------|---------|----------|--|---|
| Flat No.                           | F-502           | Other   |          | Sl. No.                                  | 29152   |
| Company                            | BNC             | Project |          | Phase                                    | II  |
| Prepared by                        | M. Teja Sridhar | Sign    | MEG      | Date                                     | 30/01/18  |
| Project Manager                    | Shiba Reddy     | Sign    |          | Date                                     | 30/01/18  |
| Previous stage report no.          |                 |         |          | Report filed and signed by PM?           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Additions & alterations sheet date |                 |         |          | All pages signed by engineer & customer? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Checked By MD on                   |                 | MD Sign | 26/10/17 | 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:**

- after cleaning the apartment.
- before starting painting, tiling & flooring.
- electrical conduct, waterproofing & plumbing work is completed (for stage II only).
- additions & alterations is finalized and signed. In case there are no additions and alterations printout of email by PM to CR confirming the same must be filed.
- additions & alterations sheets to be transferred to QC file. QC to check if A&A are made as per request.

**After Plumbing & Electrical 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. Location of CPVC & PVC fittings must be checked as per measurements given in circular. Tolerance 1".
6. Location, height and spirit level of electrical points must be checked as per measurements given in circular & plan. Tolerance 1".
7. Civil work near pipes in balcony & utility must be neat and mortar should be removed from the pipes.
8. Water proofing must cover all pipes & check height above SFL.
9. Fasteners must be used as specified in circular. Especially check fixing of PVC pipes.
10. Height of DB box must be 6" below false ceiling level or 12" below slab level.
11. In case of many changes in civil work, electrical work and plumbing work, a new drawing must be prepared at HO and approved by MD.

**Quality Control Check Report. Stage: After Plumbing & Electrical (Apartments)**

| No                                       | Room                | Civil work near pipes in balcony & utility (✓ or X)                 | CPVC & PVC Check (✓ or X) | Electrical points check (✓ or X)  | Water proofing check (✓ or X) | Proper use of fasteners check (✓ or X)                              | Placement of DB (✓ or X) | Placement of Generator changeover (✓ or X) |  |
|--|---------------------|---|---------------------------|-----------------------------------|-------------------------------|---|--------------------------|--|--|
| 1  | Bedroom 1 (MB)      | —   | —                         | ✓                                 | —                             | —   | —                        | —  |  |
| 2  | Toilet 1 (MT)       | ✓   | ✓                         | ✓                                 | —                             | —   | —                        | —  |  |
| 3  | Bedroom 2 (KB)      | —   | —                         | ✓                                 | —                             | —   | —                        | —  |  |
| 4  | Toilet 2 (CT)       | ✓   | —                         | ✓                                 | —                             | —   | —                        | —  |  |
| 5  | Bedroom 3 (QB)      | ✓   | ✓                         | ✓                                 | —                             | —   | —                        | —  |  |
| 6  | Toilet-3            | —   | —                         | ✓                                 | —                             | —   | —                        | —  |  |
| 7  | Drawing             | —   | —                         | —                                 | —                             | —   | —                        | —  |  |
| 8  | Dining              | —   | ✓                         | ✓                                 | —                             | —   | —                        | —  |  |
| 9  | Lobby-1             | —   | ✓                         | ✓                                 | —                             | —   | —                        | ✓  |  |
| 10                                       | Utility-/balcony 1  | ✓   | —                         | —                                 | —                             | —   | —                        | —  |  |
| 11                                       | Utility / balcony-2 | ✓   | ✓                         | ✓                                 | —                             | —   | —                        | —  |  |
| 12                                       | Utility-/balcony-3  | —   | —                         | ✓                                 | —                             | —   | —                        | —  |  |
| 13                                       | Kitchen             | —   | —                         | —                                 | —                             | —   | —                        | —  |  |
| 14                                       | Other               | —   | ✓                         | ✓                                 | —                             | —   | —                        | —  |  |
| 15                                       | Other               | —   | —                         | —                                 | —                             | —   | —                        | —  |  |
| Remarks                                  |                     | Wall mixtures not provided in Both toilets.                         |                           |                                   |                               |   |                          |  |  |
| Remarks on additions & alteration sheet: |                     |   |                           |                                   |                               |   |                          |  |  |
| Signed by engineer,                      |                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                           | Signed by customer,               |                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          |  |  |
| Revised drawing required from HO         |                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           | Approved revised drawing attached |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                          |  |  |