

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

|                           |                     |                               |                                                                     |         |
|---------------------------|---------------------|-------------------------------|---------------------------------------------------------------------|---------|
| Flat No                   | D - 001             | Other                         | Sl. No.                                                             | 28905   |
| Company                   | BNC                 | Project                       | Phase                                                               | IE      |
| Prepared by               | P. Sai Kumar        | Sign                          | Date                                                                | 5/11/18 |
| Project Manager           | S. V. S. Srin Reddy | Sign                          | Date                                                                | 5/11/18 |
| Previous stage report no. | 27769               | 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, 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | False ceiling workmanship               | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor |  |

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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               | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   |                                               |                        |                         | ✓                                |
| 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               |                           | Note a provision for Modular kitchen provided.                       |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |

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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 MF3       | ✓                                                                   | X                               | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                          | ✓             |
| 2                   | Bedroom 2 MF3       | ✓                                                                   | X                               | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                          | ✓             |
| 3                   | Bedroom 3           | ✓                                                                   | ✓                               | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                          | ✓             |
| 4                   | Drawing             | ✓                                                                   | X                               | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                          | ✓             |
| 5                   | Dining              | ✓                                                                   | X                               | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                          | ✓             |
| 6                   | Lobby 1             | ✓                                                                   | ✓                               | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                          | ✓             |
| 7                   | Utility / balcony 1 | ✓                                                                   | ✓                               | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                          | ✓             |
| 8                   | Utility / balcony 2 | ✓                                                                   | X                               | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                          | ✓             |
| 9                   | Utility / balcony 3 | ✓                                                                   | ✓                               | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                          | ✓             |
| 10                  | Kitchen             | ✓                                                                   | X                               | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                          | ✓             |
| 11                  | Other               |                                                                     |                                 |                    |                      |                           |                                 |               |                |                                         |                               |                                            |               |
| 12                  | Other               |                                                                     |                                 |                    |                      |                           |                                 |               |                |                                         |                               |                                            |               |
| Remarks             |                     |                                                                     |                                 |                    |                      |                           |                                 |               |                |                                         |                               |                                            |               |
|                     |                     |                                                                     |                                 |                    |                      |                           |                                 |               |                |                                         |                               |                                            |               |
|                     |                     |                                                                     |                                 |                    |                      |                           |                                 |               |                |                                         |                               |                                            |               |