

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

Flat No	D-506	Other		Sl. No.	29375
Company	BNC	Project	MECS	Phase	II
Prepared by	M. Teja Sridhar	Sign	<i>AS</i>	Date	16/02/18
Project Manager	Subba Reddy	Sign	<i>S.R.</i>	Date	16/02/18
Previous stage report no.	28162	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 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. 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														

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Flooring & painting		Rate the quality of (Good ✓, Avg. ✕, Poor – needs correction ✕✕, 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 (MB)	<	<	<	<	<	<	<	—	<	<	<	<
2	Bedroom 2 (KB)	<	<	<	<	<	<	<	—	<	<	<	<
3	Bedroom 3	—	—	—	—	—	—	—	—	—	—	—	—
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													