

Block No.	204	Column No.	01	Sl. No.	32503
Company	NOC (LTP)	Project	NOC	Phase	-
Prepared by	S. Sund Kumar	Sign	<i>[Signature]</i>	Date	29/12/18
Project Manager	A. Suresh.	Sign	<i>[Signature]</i>	Date	29/12/18
Previous stage report no.	32179	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.

Columns Position Check

Notes:

- Inspection should be done after casting of columns at each stage and before starting centering works for each slab.
- Prepare Columns Position Check Plan as follows:
 - Divide blocks into smaller sub-blocks.
 - Show size and orientation of columns. (Tolerance 0.5")
 - Show inner – inner space between columns. (Tolerance 1")
 - Show diagonals for 20% of bays. (Tolerance 1.5")
 - Print an A3 size plan.
- Circle each correct dimension with green colour. Circle each incorrect dimension with red colour and mention actual dimension next to it.

Columns Position Check Plan enclosed? Yes No

Slab Dimensions Check

Notes:

- Prepare Slab (or plinth beams) Dimensions Check Plan as follows:
 - Show outer dimensions of slab. (Tolerance 2")
 - Show length and width of balconies (Tolerance 1")
 - Show inner dimensions of ducts and lift well. (Tolerance 1")
 - Show location of sunken slab.
 - Print an A3 size plan.
- Circle each correct dimension with green colour. Circle each incorrect dimension with red colour and mention actual dimension next to it.

Slab Dimensions Check Plan enclosed? Yes No

Specified thickness of slab? Yes No

Actual thickness of slab? Yes No

NA

NA

NA

NA

Quality Control Check Report. Stage: After Column Casting (Villas)

Quality of centering, rod bending and concreting.		<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Avg.	<input type="checkbox"/> Bad
Quality of centering, rod bending and concreting?		<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Avg.	<input type="checkbox"/> Bad
Quality of starters?		<input type="checkbox"/> High	<input checked="" type="checkbox"/> Medium.	<input type="checkbox"/> Low
Number and size of honey combs?		<input type="checkbox"/> Good	<input type="checkbox"/> Avg.	<input type="checkbox"/> Bad
Are the honey combs is slab and columns packed?	-			
Number of beams that are sagging, bulging, caved or deflected in the slab by more than 1"				
Have 6 cubes each for columns and slab casted and numbered for testing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Remarks:				

Curing:				
Brands for curing made on slab?	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Brand size is less than 100 slit?	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Brann (200 lbs) provided for curing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Gunny bags used for column curing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Distance of tap from furthest distance that requires curing. (max permitted 100')	30'			
Frequency of curing in number of times a day (enquire from labourers)	2 times			
Is the pressure in the curing pipe more than 15' head?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Quality of infrastructure for curing.		<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Avg.	<input type="checkbox"/> Bad
Remarks:				

Quality Control Check Report. Stage: After Column Casting (villas)

Columns height, plumb, steel & level marking 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. Tolerance: Plumb 0.25"
 6. Circle actual height of columns if level differs from specified height by more than 1"

S No	Col No.	Col type	Height in ft		Steel (✓ or X)		Honeycombs	Plumb (✓ or X)		Reference level marked on column?
			Spec.	Actual	No of rods	Size of rods		Side 1	Side 2	
1.	A1	C1	8'-1"	8'-1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	A3	C3	8'-1"	8'-1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	A4	C3	8'-1"	8'-1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	B1	C1	8'-1"	8'-1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	B3	C3	8'-1"	8'-1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	B4	C1	8'-1"	8'-1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	C1	C1	8'-1"	8'-1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	C3	C3	8'-1"	8'-1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	C1	C1	8'-1"	8'-1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	D1	C1	8'-1"	8'-1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	D1	C1	8'-1"	8'-1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	D1	C1	8'-1"	8'-1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	E4	C1	8'-1"	8'-1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.										<input type="checkbox"/> Yes <input type="checkbox"/> No
15.										<input type="checkbox"/> Yes <input type="checkbox"/> No
16.										<input type="checkbox"/> Yes <input type="checkbox"/> No
17.										<input type="checkbox"/> Yes <input type="checkbox"/> No
18.										<input type="checkbox"/> Yes <input type="checkbox"/> No
19.										<input type="checkbox"/> Yes <input type="checkbox"/> No
20.										<input type="checkbox"/> Yes <input type="checkbox"/> No