

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

|                           |                  |                                |             |   |          |
|---------------------------|------------------|--------------------------------|-------------|---|----------|
| Flat No.                  | 6-407            | Others                         |             | Sl. No.   | 28534    |
| Company                   | NISHA HOMES      | Project                        | NISHA HOMES | Phase   | -        |
| Prepared by               | S. SUNDAR KANNAN | Sign                           | [Signature] | Date  | 30/11/17 |
| Project Manager           | T. MADHAN.       | Sign                           | [Signature] | Date  | 30/11/17 |
| Previous stage report no. | 27587            | Report filed and signed by PM? |             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Apartment No              | Other            | Other                          |             |   |          |
| 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:**

- brickwork is completed
- chicken mesh fixed
- after cleaning the apartment
- electrical conducting work is completed

**Brickwork 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. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.
15. Door frames must have black Japan coating and wood primer / pellambar - at cost of painter.

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| S No    | Room               | Wall thickness<br>(✓ or ✗) | Beds in walls<br>(✓ or ✗) | Chicken mesh<br>(✓ or ✗) | External brickwork<br>& beam joint (✓ or ✗) | Room Dimensions<br>(✓ or ✗) | Room Dimensions<br>Difference in inches | Diagonal<br>(✓ or ✗) | Diagonal<br>Difference in inches | Balcony sill level<br>(✓ or ✗) | Room Height<br>(✓ or ✗) | Plumb of walls<br>(Good/Avg./Bad) | Alignment of beams<br>and walls - Nos. |
|---------|--------------------|----------------------------|---------------------------|--------------------------|---|-----------------------------|---|----------------------|----------------------------------|--------------------------------|-------------------------|-----------------------------------|--|
| 1       | Bedroom 1 M.Bed    | ✓                          | ✓                         | ✓                        | ✓   | ✓                           |   | ✓                    |                                  | ✓                              | ✓                       | Avg                               | ✓                                      |
| 2       | Toilet 1 M.Toi     | ✓                          | ✓                         | ✓                        | ✓   | ✓                           |   | ✓                    |                                  | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 3       | Bedroom 2 G.Bed    | ✓                          | ✓                         | ✓                        | ✓   | ✓                           |   | ✓                    |                                  | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 4       | Toilet 2 C.Toi     | ✓                          | ✓                         | ✓                        | ✓   | ✓                           |   | ✓                    |                                  | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 5       | Bedroom-3          | ✓                          | ✓                         | ✓                        | ✓   | ✓                           |   | ✓                    |                                  | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 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 |                    |                            |                           |                          |   |                             |   |                      |                                  |                                |                         |                                   |  |
|         |                    |                            |                           |                          |   |                             |   |                      |                                  |                                |                         |                                   |  |
|         |                    |                            |                           |                          |   |                             |   |                      |                                  |                                |                         |                                   |  |

**Quality Control Check Report**      **Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?       Good    Avg.    Bad

Specify rooms that need correction:      \_\_\_\_\_

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Misc. Checks.

Was 3.75 CFT proportion box provided?       Yes    No

Condition of proportion box?       Good    Avg.    Bad

Was the Apartment cleaned before starting brick work?       Yes    No    Cant' say

Is the Apartment cleaned for plastering?       Yes    No

Wastage?       High    Medium    Low

Storage of building material like bricks sand and cement.       Good    Avg.    Bad

Drum (200 lts) provided for curing in each flat?       Yes    No

Remarks: \_\_\_\_\_

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Door Frames & Windows check

Notes:

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3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lenth level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5"
10. Provide single layer table brick at bottom of each door frame without threshold.

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| S No     | Room                 | Door size, face and position (✓ or ✗) | Brick at bottom of door frame (✓ or ✗) | Door lential level (✓ or ✗) | Door diagonal check (✓ or ✗) | Door Plumb - two sides (✓ or ✗) | Door frame black Japan/ wood primer/Peelambar check (✓ or ✗) | Windows lential & sill level (✓ or ✗) | Windows size (✓ or ✗) | Windows - template depth & diagonal (✓ or ✗) | Windows - template powder coated (✓ or ✗) | Loft & Kitchen platform required? (Yes or No) | Loft & Kitchen platform provided (✓ or ✗ or NA) | Loft & Kitchen platform slope (✓ or ✗) |
|----------|----------------------|---------------------------------------|--|-----------------------------|------------------------------|---------------------------------|--|---------------------------------------|-----------------------|--|---|---|---|--|
| 1        | Bedroom 1 M. Bed     | ✓                                     | ✓                                      | ✓                           | ✓                            | ✓                               | ✓  | ✓                                     | ✓                     | ✓  | ✓   | ✓   | ✓   | ✓                                      |
| 2        | Toilet 1 M. Toi      | ✓                                     | ✓                                      | ✓                           | ✓                            | ✓                               | ✓  | ✓                                     | ✓                     | ✓  | ✓   | ✓   | ✓   | ✓                                      |
| 3        | Bedroom 2 G. Bed     | ✓                                     | ✓                                      | ✓                           | ✓                            | ✓                               | ✓  | ✓                                     | ✓                     | ✓  | ✓   | ✓   | ✓   | ✓                                      |
| 4        | Toilet 2 C. Toi      | ✓                                     | ✓                                      | ✓                           | ✓                            | ✓                               | ✓  | ✓                                     | ✓                     | ✓  | ✓   | ✓   | ✓   | ✓                                      |
| 5        | Bedroom 3-           | ✓                                     | ✓                                      | ✓                           | ✓                            | ✓                               | ✓  | ✓                                     | ✓                     | ✓  | ✓   | ✓   | ✓   | ✓                                      |
| 6        | Toilet 3-            | ✓                                     | ✓                                      | ✓                           | ✓                            | ✓                               | ✓  | ✓                                     | ✓                     | ✓  | ✓   | ✓   | ✓   | ✓                                      |
| 7        | Drawing              | ✓                                     | ✓                                      | ✓                           | ✓                            | ✓                               | ✓  | ✓                                     | ✓                     | ✓  | ✓   | ✓   | ✓   | ✓                                      |
| 8        | Dining               | ✓                                     | ✓                                      | ✓                           | ✓                            | ✓                               | ✗  | ✓                                     | ✓                     | ✓  | ✓   | ✓   | ✓   | ✓                                      |
| 9        | Lobby 1-             | ✓                                     | ✓                                      | ✓                           | ✓                            | ✓                               | ✓  | ✓                                     | ✓                     | ✓  | ✓   | ✓   | ✓   | ✓                                      |
| 10       | Utility / balcony 1  | ✓                                     | ✓                                      | ✓                           | ✓                            | ✓                               | ✓  | ✓                                     | ✓                     | ✓  | ✓   | ✓   | ✓   | ✓                                      |
| 11       | Utility / balcony 2- | ✓                                     | ✓                                      | ✓                           | ✓                            | ✓                               | ✓  | ✓                                     | ✓                     | ✓  | ✓   | ✓   | ✓   | ✓                                      |
| 12       | Utility / balcony 3- | ✓                                     | ✓                                      | ✓                           | ✓                            | ✓                               | ✓  | ✓                                     | ✓                     | ✓  | ✓   | ✓   | ✓   | ✓                                      |
| 13       | Kitchen              | ✓                                     | ✓                                      | ✓                           | ✓                            | ✓                               | ✓  | ✓                                     | ✓                     | ✓  | ✓   | NA  | ✓   | ✓                                      |
| 14       | Other                |                                       |  |                             |                              |                                 |  |                                       |                       |  |   |   |   |  |
| 15       | Other                |                                       |  |                             |                              |                                 |  |                                       |                       |  |   |   |   |  |
| Remarks: |                      |                                       |  |                             |                              |                                 |  |                                       |                       |  |   |   |   |  |
|          |                      |                                       |  |                             |                              |                                 |  |                                       |                       |  |   |   |   |  |
|          |                      |                                       |  |                             |                              |                                 |  |                                       |                       |  |   |   |   |  |
|          |                      |                                       |  |                             |                              |                                 |  |                                       |                       |  |   |   |   |  |
|          |                      |                                       |  |                             |                              |                                 |  |                                       |                       |  |   |   |   |  |