

ATR on Quality Control Check Report. (Bungalows)

| | | | | |
|--------------------|-----------------|-----------------|-------------|--|
| Bungalow No | F1 | QC report stage | Sl. No. | 32703 |
| Company | Sov LLP | Project | Phase | IX |
| Prepared by | N. Veerabrahman | Sign | Date | 24/11/19 |
| Project Manager | Purshottam | Sign | Date | 24/11/19 |
| Receipt by QC date | | Sign | Other | |
| Receipt at HO date | | Sign | Other | |
| Checked By MD on | | MD Sign | For filling | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Recommendation that was made by QC:

- 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.

Notes:

1. Attach a copy of the QC report to this sheet.
2. Circle each correction with a red pen - tick (✓) each circle for work completed and cross (X) each circle where work has not been completed.
3. Give remarks for each case where work has not completed on this sheet.
4. Make 2 copied of the ATR - send one to MD and other to QC.
5. Enclose required photographs - hard copy.

Remarks: A4 works Completed
 ① Column height corrected.

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

| | | | | | |
|---|-----------------|------------|--------------------------------|---|--|
| Block No. | 71 | Column No. | Col-02 | Sl. No. | 32703 |
| Company | SON(LLP) | Project | SOY | Phase | IK |
| Prepared by | P. Sai Kumar | Sign | [Signature] | Date | 21/1/19 |
| Project Manager | K. Ramesh Kumar | Sign | [Signature] | Date | 21/1/19 |
| Previous stage report no. | | 3 2 2 6 6 | 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: <input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC. <input checked="" type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team. <input type="checkbox"/> Proceed with further work only after making corrections pointed out in the QC report. ATR not required. <input type="checkbox"/> 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? | 5" | Actual thickness of slab? | 5" |
|------------------------------|----|---------------------------|----|

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 checked="" 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. | |
| Bunds for curing made on slab? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Bund size is less than 100 sft? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Drum (200 lts) provided for curing? | <input type="checkbox"/> Yes <input checked="" 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') | 40' 10" |
| 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 type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad |
| Remarks: | |


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

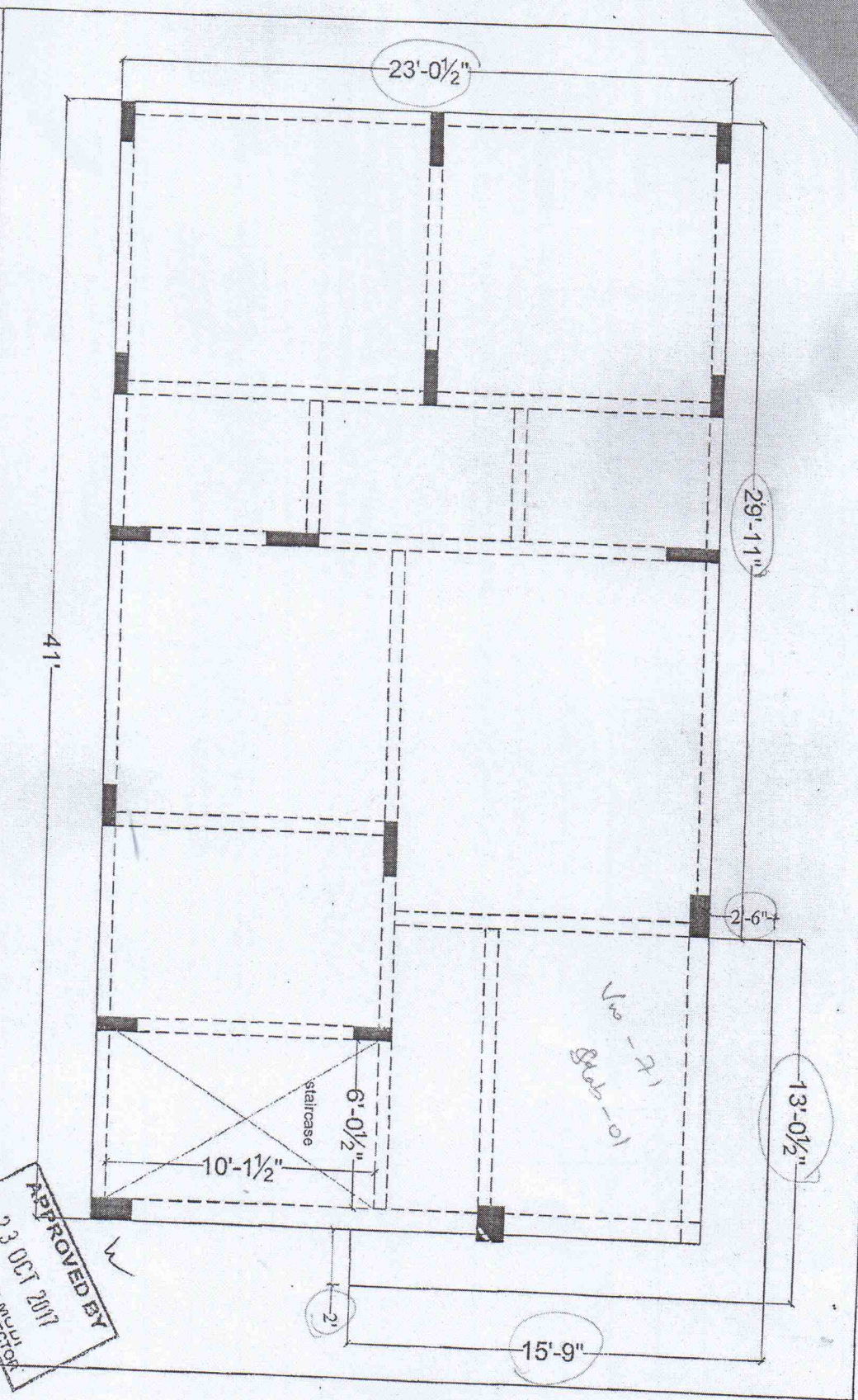
Columns height, plumb, steel & level marking check.

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 ✗) | | Honeycombs | Plumb (✓ or ✗) | | Reference level marked on column? |
|------|---------|----------|--------------|--------|----------------|--------------|------------|----------------|--------|---|
| | | | Spec. | Actual | No of rods | Size of rods | | Side 1 | Side 2 | |
| 1. | C1 | C1 | 8.7" | 8.0" | ✓ | ✓ | ✓ | ✓ | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | C2 | C1 | 8.7" | 7.11" | ✓ | ✓ | ✓ | ✓ | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | F1 | C3 | 8.7" | 7.7" | ✓ | ✓ | ✓ | ✓ | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | F- | C4 | 8.7" | 7.10" | ✓ | ✓ | ✓ | ✓ | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | | | | | | | | | | <input 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 |

| | | | | | | | | | |
|--|--|---|--|------------------------|--|---------------|--|---|--|
| Description | | Direction | | Owners & Developers : | | Date : | | Prepared By : | |
| QUALITY CONTROL GROUND FLOOR SLAB CHECK PLAN | | N | | Silver Oak Realty | | 23.10.2017 | | Nagalaxmi | |
| TYPE-A1 | |  | | Project Name & Phase : | | Approved By : | | Soham Modi | |
| | | | | Silver Oak Villas | | Scale : | | N.T.S | |
| | | | | | | | | Pratibha | |
| | | | | | | | | Moda Properties & Investments Pvt. Ltd. | |
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APPROVED BY
 23 OCT 2017
 SOHAM MODI
 PROJECT ENGINEERING DIRECTOR