

Quality Control Check Report. Stage: After Plumbing & Electrical (Apartments)

S No	ROOM	Civil work near pipes in balcony & utility (✓ or X)	CPVC & PVC Check (✓ or X)	Electrical points check (✓ or X)	Water proofing check (✓ or X)	Proper use of fasteners check (✓ or X)	Placement of DB (✓ or X)	Placement of Generator changeover (✓ or X)	
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	✓	✓	✓	✓	✓	✓	✓	
14	Other								
15	Other								
Remarks		① Generator change over box to not as per drawing. ② In kid S.B. not provided. ③ G. Bed T.V. Projecting wall from wall. ④ M. Toi Health faucet not provided & w.c. should body to not as per specifications.							
Signed by engineer,		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signed by customer,		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Revised drawing required from HO		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approved revised drawing attached		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Remarks on additions & alteration sheet: