

**Quality Control Check Report.**

**Stage: After Column Casting (Villas)**

Block No.	64	Column No.	01	Sl. No.	30423
Company	VOC (L19)	Project	VOC	Phase	
Prepared by	M. Tejaswider	Sign	<i>AT</i>	Date	04/06/18
Project Manager	A. Suresh	Sign	<i>JN</i>	Date	04/06/18
Previous stage report no.		MD Sign	Report filed and signed by PM?	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checked By MD on		MD Sign			<input checked="" 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 type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team. <input checked="" type="checkbox"/> Proceed with further work. ATR not required.				

**Columns Position Check.**

Notes:

1. Inspection should be done after casting of columns at each stage and before starting centering works for each slab.
2. Prepare Columns Position Check Plan as follows:
  - a. Divide blocks into smaller sub-blocks.
  - b. Show size and orientation of columns. (Tolerance 0.5")
  - c. Show inner inner space between columns. (Tolerance 1")
  - d. Show diagonals for 20% of bays. (Tolerance 1.5")
  - e. Print an A3 size plan.
3. Circle each correct dimension with green colour. Circle each incorrect dimension with red colour. ATR not required.

Columns Position Check Plan enclosed?

**Slab Dimensions Check.**

Notes:

1. Prepare Slab (or plinth beams) Dimensions Check Plan as follows:
  - a. Show outer dimensions of slab. (Tolerance 2")
  - b. Show length and width of balconies (Tolerance 1")
  - c. Show inner dimensions of ducts and lift well. (Tolerance 1")
  - d. Show location of sunken slab.
  - e. Print an A3 size plan.
2. Circle each correct dimension with green colour. Circle each incorrect dimension with red colour. ATR not required.

Slab Dimensions Check Plan enclosed?

**Specified thickness of slab?**

Yes  No

Actual thickness of slab?

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

<u>Quality of centering, rod bending and concreting.</u>	
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"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad
Number and size of honey combs?	<input type="checkbox"/> High <input checked="" type="checkbox"/> Medium. <input type="checkbox"/> Low
Are the honey combs in slab and columns packed?	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad
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:	

<u>Curing.</u>	
Bunds for curing made on slab?	<input type="checkbox"/> Yes <input type="checkbox"/> No —
Bundle size is less than 100 sft?	<input type="checkbox"/> Yes <input type="checkbox"/> No —
Drum (200 lbs) 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')	201.011
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.	A <sub>1</sub>	C <sub>1</sub>	8'-7 1/2"	8'-7"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	A <sub>2</sub>	C <sub>1</sub>	8'-7 1/2"	8'-7 1/2"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	A <sub>3</sub>	C <sub>2</sub>	8'-6"	8'-6"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	A <sub>4</sub>	C <sub>1</sub>	8'-7 1/2"	8'-7"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	B <sub>1</sub>	C <sub>2</sub>	S-T	S-T	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	B <sub>2</sub>	C <sub>3</sub>	8'-3"	8'-2"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	B <sub>4</sub>	C <sub>2</sub>	8'-3"	8'-2"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	C <sub>1</sub>	C <sub>4</sub>	S-T	S-T	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	D <sub>2</sub>	C <sub>3</sub>	8'-2 1/2"	8'-2 1/2"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	D <sub>4</sub>	C <sub>5</sub>	8'-1"	8'-2"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	E <sub>1</sub>	C <sub>4</sub>	8'-1"	8'-2"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	E <sub>3</sub>	C <sub>5</sub>	8'-1"	8'-2"	✓	✓	✓	✓	✓	<input checked="" 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