|                                                                                      | Quality Control Check Repot.                                                                                                                                                                           | ļ                                                                       | Stage: After Plumbing & Electrical (Apartments)                                                                                                                                                                                                                                                                                                      | <u>s)</u> |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Flat No.                                                                             | M-00E                                                                                                                                                                                                  | Other                                                                   | SI. No.                                                                                                                                                                                                                                                                                                                                              | 28398     |
| Company                                                                              | 2<br>2<br>2<br>3                                                                                                                                                                                       | Project                                                                 | Visto Homes Phase                                                                                                                                                                                                                                                                                                                                    |           |
| Prepared by                                                                          | _                                                                                                                                                                                                      | Sign                                                                    | Date                                                                                                                                                                                                                                                                                                                                                 | 11/11/11  |
| Project Manager                                                                      | 7. 2.2.52                                                                                                                                                                                              | Sign                                                                    | Hadwy Date                                                                                                                                                                                                                                                                                                                                           | 11/11/14  |
| Previous stage report no                                                             | t no.                                                                                                                                                                                                  | 28385                                                                   | Report filed and signed by PM?                                                                                                                                                                                                                                                                                                                       | <u> </u>  |
| Additions & alterations sheet date                                                   | ons sheet date                                                                                                                                                                                         | is a cold bal                                                           | All pages signed by engineer & customer?                                                                                                                                                                                                                                                                                                             | Г         |
| Checked By MD on                                                                     |                                                                                                                                                                                                        | MD Sign                                                                 | For filling                                                                                                                                                                                                                                                                                                                                          | □Yes □No  |
| Recommendation: Stop further work Stop further wor Proceed with fur Proceed with fur | commendation: Stop further work. Submit ATR on QC report Stop further work. Proceed with work after submit Proceed with further work only after making or Proceed with further work. ATR not required. | eport to QC team. Profter submitting ATR oking corrections point uired. | 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:

- after cleaning the apartment.
- before starting painting, tiling & flooring.
- electrical conduct, waterproofing & plumbing work is completed (for stage II only).
- additions & alterations is finalized and signed. In case there are no additions and alterations printout of email by PM to CR confirming the same must be
- additions & alterations sheets to be transferred to QC file. QC to check if A&A are made as per request.

## After Plumbing & Electrical Check

- Mark v for correct or minor mistake which does not require correction
- Mark X for minor mistake that requires minor correction.
- Mark XX for major mistake that requires correction by replacement or re-fixing.
- Mark XXX for major mistake that cannot be corrected.

  Location of CPVC & PVC fittings must be checked as per measurements given in circular. Tolerance 1". Location, height and spirit level of electrical points must be checked as per measurements given in circular & plan. Tolerance 1".
- Civil work near pipes in balcony & utility must be neat and mortar should be removed from the pipes.
- Water proofing must cover all pipes & check height above SFL.
- Fasteners must be used as specified in circular. Especially check fixing of PVC pipes.
- Height of DB box must be 6" below false ceiling level or 12" below slab level.
- In case of many changes in civil work, electrical work and plumbing work, a new drawing must be prepared at HO and approved by MD.

| Revised drawing required from HO | Signed by engineer, | Remarks on additions & alteration sheet: |  | Remarks O In Mydi               | 15 Other | 14 Other | 13 Kitchen | 2 Utility / balcony 3. | Utility / balcony 2 | 0 Utility / balcony 1 | ±ebby 1. | Dumig | Dining                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Drawing | Toilet-3 | Bedroom 3 | Toilet 2 CAO | Bedroom 2 (Ac bed | Tollet I MCTO | - | -                                       | Room near balco utilit | Civil         |
|----------------------------------|---------------------|------------------------------------------|--|---------------------------------|----------|----------|------------|------------------------|---------------------|-----------------------|----------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|-----------|--------------|-------------------|---------------|---|-----------------------------------------|------------------------|---------------|
|                                  |                     | tion sheet:                              |  | A-13- OK                        |          |          |            |                        |                     |                       |          |       | }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1       | 1        | !         | }            | 1                 |               |   | }                                       | - 5                    | Civil work    |
| ]Yes □No                         | Yes No              |                                          |  | f-lut pipe                      |          |          | <          |                        |                     | 1                     |          | 1     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | l       |          | 1         | <            | \                 |               | 1 | 1                                       | PVC Check              | CPVC &        |
| Appro                            | Signe               |                                          |  | W.B. owlight fire you Brounded. | -        |          |            | ,                      | , (                 |                       |          | 1     | <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (       | , !      | 1 100     | 1            |                   | ζ             | ζ | ζ.                                      | points check ( ✓ or X) | Electrical    |
| Approved revised drawi           | Signed by customer, |                                          |  | ded.                            | •        |          |            | 3                      |                     |                       | ı        | 1     | }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2000    |          |           | 1            | ζ                 | ١             | 5 | 1                                       | check ( or             | Water         |
| Wing attached                    |                     |                                          |  |                                 |          |          |            | 1                      |                     | ς,                    | <        |       | }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         | 1        | 1         |              |                   | 1             |   | *************************************** | check ( or ×)          | Proper use of |
| İF                               | ıΓ                  | TVes TNO                                 |  |                                 |          |          |            | <b>\</b>               | Bar (               |                       | 1        |       | The second secon |         | 4        |           | •            | 1                 | *******       |   | 1                                       |                        | Placement 01  |
| )                                |                     |                                          |  |                                 |          |          |            | )                      | )                   |                       |          | )     | }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ו       | ζ        | \         | )            | 7                 |               |   | )   (                                   | changeover ( v or x)   | Generator     |