

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

Block No.	33	Column No.	01	Sl. No.	29507
Company	NOC LLP	Project	NOC	Phase	—
Prepared by	M. Teja Sridhar	Sign	<i>TS</i>	Date	02/03/18
Project Manager	A. Sreeni	Sign	<i>AS</i>	Date	02/03/18
Previous stage report no.		Report filed and signed by PM?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Checked By MD on		MD Sign	29302	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.

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 and mention actual dimension next to it.

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 and mention actual dimension next to it.
- | | | | |
|--------------------------------------|--|---------------------------|---|
| Slab Dimensions Check Plan enclosed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Actual thickness of slab? | — |
| Specified thickness of slab? | — | Actual thickness of slab? | — |

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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 in 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:	

<u>Curing.</u>	
Bunds for curing made on slab?	<input type="checkbox"/> Yes <input type="checkbox"/> No —
Bund size is less than 100 sft?	<input type="checkbox"/> Yes <input type="checkbox"/> No —
Drum (200 lts) provided for curing?	<input type="checkbox"/> Yes <input 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')	20' 0"
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:	

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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 ₁	C ₁	8'.7"	8'.6 1/2"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	A ₂	C ₃	8'.7"	8'.7"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	A ₄	C ₂	8'.7"	8'.6 1/2"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	B ₁	C ₁	8'.1"	8'.1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	B ₂	C ₃	8'.1"	8'.1"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	B ₄	C ₂	8'.7"	8'.6"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	C ₁	C ₁	8'.7"	8'.6 1/2"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	C ₂	C ₃	8'.4"	8'.5"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	C ₄	C ₅	8'.4"	8'.3"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	D ₁	C ₁	8'.7"	8'.8"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	D ₂	C ₃	8'.4"	8'.3 1/2"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	D ₃	C ₄	8'.4"	8'.4"	✓	✓	✓	✓	✓	<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