

Block No.	142	Column No.	03	Sl. No.	31702
Company	M/Allyn estate	Project	M/Allyn estate	Phase	IV
Prepared by	P. Sais Kumar	Sign		Date	9/10/18
Project Manager	Srinivas	Sign		Date	9/10/18
Previous stage report no.	31513	Report filed and signed by PM?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Checked By M/D on	M/D Sign	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 to signing (To be noted)

1. Project / Stage / Phase / Item / Part / Detail / Drawing No. / Plan as follows:
 - a. Show inner / outer dimensions of columns (Tolerance 5%)
 - b. Show diagonal spacing between columns (Tolerance 5%)
 - c. Show diagonal spacing of bays (Tolerance 1.5%)
 - d. 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. Columns Position Check Plan enclosed? Yes No

Slab Dimensions Check

Notes:

1. Prepare plan for print of slab dimensions Check Plan as follows:
 - a. Show outer dimensions of slab (Tolerance 5%)
 - b. Show length and width of columns (Tolerance 5%)
 - c. Show inner dimensions of ducts and stiff wall (Tolerance 5%)
 - 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? Yes No

Specified thickness of slab: 50 Actual thickness of slab? 50

Quality of centering, rod bending and concreting

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Quality of starters?

Number and size of honey combs?

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 cast for columns and slab casted and numbered for testing?

Remarks:

Good Avg. Bad

Good Avg. Bad

High Medium. Low

Good Avg. Bad

Yes No

Yes No

Yes No

Yes No

Yes No

Distance of top form farthest distance that requires curing (max permitted 100')

Frequency of curing in number of times a day (enquire from labourers)

Is the pressure in the curing pipe more than 15' head?

Quality of infrastructure for curing

Remarks:

40' to 50'

2 hrs to 2.5

Yes No

Good Avg. Bad

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	Spec. Height in ft	Actual	No of rods		Honeycombs	Plumb (✓ or ✗)		Reference level marked on column?	
					Steel (✓ or ✗)	Size of rods		Side 1	Side 2		
1.	B2	C1	8.20	8.19"	✓	✓	✓	✓	✓	Yes	No
2.	C2	C1	8.20	8.18"	✓	✓	✓	✓	✓	Yes	No
3.	C4	C1	8.20	8.16"	✓	✓	✓	✓	✓	Yes	No
4.	B5	C1	8.20	8.16"	✓	✓	✓	✓	✓	Yes	No
5.										Yes	No
6.										Yes	No
7.										Yes	No
8.										Yes	No
9.										Yes	No
10.										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No