

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

Block No.	221	Column No.	03	Sl. No.	33900
Company	VOC (LTD)	Project	VOC	Phase	-
Prepared by	G. RATESH	Sign	<i>[Signature]</i>	Date	29/06/19
Project Manager	A. SURESH	Sign	<i>[Signature]</i>	Date	29/06/19
Previous stage report no.	33518	Report filed and signed by PM?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Checked By MD on		MD 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 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.

Columns Position Check Plan enclosed?

Yes No

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?

Yes No

Specified thickness of slab?	5.11	Actual thickness of slab?	5"
------------------------------	------	---------------------------	----

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

Quality of centering, rod bending and concreting.	
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 is slab and columns packed?	<input checked="" type="checkbox"/> Good <input 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:	

Curing.

Bunds for curing made on slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Bund size is less than 100 sft?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drum (200 lbs) 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')	1610"
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 checked="" type="checkbox"/> Good <input 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 (<input checked="" type="checkbox"/> or <input checked="" type="checkbox"/>)		Honeycombs	Plumb (<input checked="" type="checkbox"/> or <input checked="" type="checkbox"/>)		Reference level marked on column?
			Spec.	Actual	No of rods	Size of rods		Side 1	Side 2	
1.	B ₃	C ₃	7'1 1/2"	7'1 3/8"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	B ₄	C ₁	7'1 3/8"	7'1 3/8"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	C ₃	C ₃	7'1 3/8"	7'1 2 1/4"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	C ₄	C ₂	7'1 3/8"	7'1 3/8"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.										<input type="checkbox"/> Yes <input type="checkbox"/> No
6.										<input type="checkbox"/> Yes <input type="checkbox"/> No
7.										<input type="checkbox"/> Yes <input type="checkbox"/> No
8.										<input type="checkbox"/> Yes <input type="checkbox"/> No
9.										<input type="checkbox"/> Yes <input type="checkbox"/> No
10.										<input type="checkbox"/> Yes <input type="checkbox"/> No
11.										<input type="checkbox"/> Yes <input type="checkbox"/> No
12.										<input 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