

ATR on Quality Control Check Report. (Bungalows)

Bungalow No	DS	QC report stage	Col- 2	Sl. No.	29870
Company	SOV LLP	Project	SOV	Phase	IX
Prepared by	K. Purushothan	Sign		Date	27/04/18
Project Manager		Sign		Date	
Receipt by QC date	03/04/18	Sign		Other	
Receipt at HO date		Sign		Other	
Checked By MD on		MD Sign		For filling	<input type="checkbox"/> Yes <input type="checkbox"/> No

Recommendation that was made by QC:
 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.

Notes:

1. Attach a copy of the QC report to this sheet.
2. Circle each correction with a red pen - tick (✓) each circle for work completed and cross (X) each circle where work has not been completed.
3. Give remarks for each case where work has not completed on this sheet.
4. Make 2 copied of the ATR - send one to MD and other to QC.
5. Enclose required photographs - hard copy.

Remarks: Notes-As per waiting drawing 1st floor Room Dimension are tallying

② We were asking Suravani Const Eng to tie Column gummy bags properly they are not doing work as per standard and All Column CC work done for 2 to 3 days. (Waiting work)

③ We have given permission to do only Beam Bottom But they fill complete roof on Sunday.

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

Block No.	05	Column No.	02	Sl. No.	29870.
Company	SON (L.P)	Project	SAV	Phase	IX
Prepared by	S. Sunil Kumar	Sign	[Signature]	Date	03/04/18
Project Manager	K. Prashanth	Sign	[Signature]	Date	03/04/18
Previous stage report no.		MD Sign	29689	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: <input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC. <input checked="" type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team. <input type="checkbox"/> Proceed with further work only after making corrections pointed out in the QC report. ATR not required. <input 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 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?

Actual thickness of slab?

5"

5"

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

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 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 checked="" 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')	60'-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:	<input checked="" type="checkbox"/> Note: Before column checking the centering work started.

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 X)		Honeycombs	Plumb (✓ or X)		Reference level marked on column?
			Spec.	Actual	No of rods	Size of rods		Side 1	Side 2	
1.	A1	C4	8-7	8-8	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	A2	C2	8-4	8-9	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	A3	C2	8-4	8-4	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	A4	C1	8-7	8-4	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	B1	C2	8-4	8-5	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	B2	C3	8-7	8-3	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	B3	C3	S.T.	S.T.	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	-	C2	8-7	8-4	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	-3	C2	S.T.	S.T.	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	C1	C1	8-7	8-5	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	C-	C1	8-7	8-4	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	C3	C1	8-7	8-4	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	C4	C1	8-7	8-4	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	-4	C2	8-7	8-4	✓	✓	✓	✓	✓	<input checked="" 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

