

**Quality Control Check Repot.      Stage: After Brickwork (Villas)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |         |                                |             |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|--------------------------------|-------------|----------------------------------------------------------|
| Villa No                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Other   |                                | Sl. No.     |                                                          |
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Project |                                | Phase       |                                                          |
| Prepared by                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Sign    |                                | Date        |                                                          |
| Project Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Sign    |                                | Date        |                                                          |
| Previous state report no,                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |         | Report filed and signed by PM? |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Checked By MD on                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | MD Sign |                                | For filling | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Recommendation:</b><br><input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.<br><input type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team.<br><input type="checkbox"/> Proceed with further work only after making corrections pointed out in the QC report. ATR not required.<br><input type="checkbox"/> Proceed with further work. ATR not required |  |         |                                |             |                                                          |

Inspection should be done after:

- Brickwork, CRS for compound wall, compound wall ang gate pillars are completed.
- chicken mesh fixed
- after cleaning the bungalow.
- external scaffolding tied.
- external brickwork & beam joints filling completed.
- electrical conducting work is completed (except bathrooms).

**Brickwork 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. Wall thickness should be as per plan. Use of 4" and 6" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.
15. Door frames must have black Japan coating and wood primer / pellambar – at cost of painter.
16. Setbacks must be levelled atleast 6" below FFL of setbacks to ensure plastering in 6" below FFL.

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| S No    | Room                | Wall thickness<br>(✓ or ✕) | Beds in walls<br>(✓ or ✕) | Chicken mesh<br>(✓ or ✕) | External brickwork<br>& beam joint (✓ or ✕) | Room Dimensions<br>(✓ or ✕) | Room Dimensions<br>Difference in inches | Diagonal<br>(✓ or ✕) | Diagonal<br>Difference in inches | Balcony sill level<br>(✓ or ✕) | Room Height<br>(✓ or ✕) | Plumb of walls<br>(Good/Avg./Bad) | Alignment of beams<br>and walls - Nos. |
|---------|---------------------|----------------------------|---------------------------|--------------------------|---------------------------------------------|-----------------------------|-----------------------------------------|----------------------|----------------------------------|--------------------------------|-------------------------|-----------------------------------|----------------------------------------|
| 1       | Bedroom 1           |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 2       | Toilet 1            |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 3       | Bedroom 2           |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 4       | Toilet 2            |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 5       | Bedroom 3           |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 6       | Toilet 3            |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 7       | Bedroom 4           |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 8       | Toilet 4            |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 9       | Drawing             |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 10      | Dining              |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 11      | Lobby 1             |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 12      | Lobby 2             |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 13      | Terrace/ balcony 1  |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 14      | Terrace / balcony 2 |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 15      | Terrace / balcony 3 |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 16      | Portico             |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 17      | Kitchen             |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 18      | Other               |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 19      | Other               |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| Remarks |                     |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
|         |                     |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
|         |                     |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |

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|                                            |                                                                                          |
|--------------------------------------------|------------------------------------------------------------------------------------------|
| Quality of edges and corners in all rooms? | <input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad |
| Specify rooms that need correction:        |                                                                                          |
|                                            |                                                                                          |
|                                            |                                                                                          |

**Chajjas Quality Check**

Notes: Width of chajja should be 6" more than the width of the door or window.

| Total Nos. of Chajjas | Slopes incorrect – nos. | Thickness incorrect –nos | Width incorrect - nos. | Height in correct - nos |
|-----------------------|-------------------------|--------------------------|------------------------|-------------------------|
|                       |                         |                          |                        |                         |
| Remarks               |                         |                          |                        |                         |
|                       |                         |                          |                        |                         |
|                       |                         |                          |                        |                         |

**Door Frames & Windows 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. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen platform thickness should be 2", SFL to bottom 31". (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".
10. Provide single layer table brick at bottom of each door frame without threshold.
11. Check Z angle template size.
12. Window opening must be checked with MS square pipe templates of 2 sizes for inner and outer openings.
13. Z angle template must be 1" from brick wall surface from the inner side.

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| S No | Room                | Door size, face and position (✓ or ✗) | Brick at bottom of door frame10 (✓ or ✗) | Door lenth level (✓ or ✗) | Door diagonal check (✓ or ✗) | Door Plumb - two sides (✓ or ✗) | Door frame black Japan/wood primer/Peelambar check (✓ or ✗) | Windows lenthil & sill level (✓ or ✗) | Windows size (✓ or ✗) | Windows - template depth & diagnal <sup>5</sup> (✓ or ✗) | Windows - template powder coated (✓ or ✗) | Loft & Kitchen platform required ?(✓ or ✗) | Loft & Kitchen platform provided (✓ or ✗) | Loft & Kitchen platform slope (✓ or ✗) |
|------|---------------------|---------------------------------------|------------------------------------------|---------------------------|------------------------------|---------------------------------|-------------------------------------------------------------|---------------------------------------|-----------------------|----------------------------------------------------------|-------------------------------------------|--------------------------------------------|-------------------------------------------|----------------------------------------|
| 1    | Bedroom 1           |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 2    | Toilet 1            |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 3    | Bedroom 2           |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 4    | Toilet 2            |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 5    | Bedroom 3           |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 6    | Toilet 3            |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 7    | Bedroom 4           |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 8    | Toilet 4            |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 9    | Drawing             |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 10   | Dining              |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 11   | Lobby 1             |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 12   | Lobby 2             |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 13   | Terrace/ balcony 1  |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 14   | Terrace / balcony 2 |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 15   | Terrace / balcony 3 |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 16   | Portico             |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 17   | Kitchen             |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 18   | Other               |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
| 19   | Other               |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
|      | Remarks:            |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
|      |                     |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |
|      |                     |                                       |                                          |                           |                              |                                 |                                                             |                                       |                       |                                                          |                                           |                                            |                                           |                                        |

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Misc. Checks.

|                                                           |                                                                                             |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Was 3.75 CFT proportion box provided?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Condition of proportion box?                              | <input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad    |
| Was the villa cleaned before starting brick work?         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say |
| Is the bungalow cleaned for plastering?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Wastage?                                                  | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low  |
| Storage of building material like bricks sand and cement. | <input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad    |
| Drum (200 lts) provided for curing in each bungalow?      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Remarks:                                                  |                                                                                             |
|                                                           |                                                                                             |
|                                                           |                                                                                             |
|                                                           |                                                                                             |
|                                                           |                                                                                             |

Compound wall check

|                                                                                        |                                                                                          |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| CRS + bed – specified level below FFL.                                                 | Actual level below FFL.                                                                  |
| Specified compound wall height above FFL.                                              | Actual level below FFL.                                                                  |
| Quality and level of PCC on ground floor?                                              | <input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad |
| Quality and level of PCC for portico?                                                  | <input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad |
| Is leveling in the setbacks of the villa 6" below FFL?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| Specified height of gate columns                                                       | Actual height provided                                                                   |
| Specified distance between gate columns                                                | Actual distance provided                                                                 |
| Chicken mesh provided on external joints of villa (✓ or ✕)                             |                                                                                          |
| Parapet wall thickness, height and design (✓ or ✕)                                     |                                                                                          |
| Parapet and compound wall railing design quality, fitting & redoxide painting (✓ or ✕) |                                                                                          |
| Remarks:                                                                               |                                                                                          |
|                                                                                        |                                                                                          |
|                                                                                        |                                                                                          |