

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |         |                                |             |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|--------------------------------|-------------|----------------------------------------------------------|
| Flat No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Others  |                                | Sl. No.     |                                                          |
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Project |                                | Phase       |                                                          |
| Prepared by                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Sign    |                                | Date        |                                                          |
| Project Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Sign    |                                | Date        |                                                          |
| Previous Stage report no.                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |         | Report filed and signed by PM? |             |                                                          |
| Apartment No.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Other   |                                | other       |                                                          |
| 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 is completed
- chicken mesh fixed
- after cleaning the apartment
- electrical conducting work is completed

**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", 6" & 8" 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 wherever 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.

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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       | Drawing             |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 8       | Dining              |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 9       | Lobby 1             |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 10      | Utility / balcony 1 |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 11      | Utility / balcony 2 |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 12      | Utility / balcony 3 |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 13      | Kitchen             |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 14      | Other               |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 15      | 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:        |                                                                                          |
|                                            |                                                                                          |
|                                            |                                                                                          |

**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 Apartment cleaned before starting brick work?     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say |
| Is the Apartment 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 ltrs) provided for curing in each flat?         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Remarks:                                                  |                                                                                             |
|                                                           |                                                                                             |

**Door Frames & Windows check**

**Notes:**

1. Mark ✓ for correct or minor mistake which does not require correction
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4. Mark ✕✕✕ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lentil 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 plat form 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 lentil level (✓ or ✕) | Door diagonal check (✓ or ✕) | Door Plumb - two sides (✓ or ✕) | Windows lentil & sill level (✓ or ✕) | Windows size (✓ or ✕) | Windows - template depth & diagonal <sup>5</sup> (✓ or ✕) | Windows - template red oxide painting (✓ or ✕) | Loft & Kitchen platform height (✓ or ✕) | Loft & Kitchen platform slope (✓ or ✕) | Door size, face and position (✓ or ✕) |
|----------|---------------------|---------------------------------------|------------------------------------------|----------------------------|------------------------------|---------------------------------|--------------------------------------|-----------------------|-----------------------------------------------------------|------------------------------------------------|-----------------------------------------|----------------------------------------|---------------------------------------|
| 1        | Bedroom 1           |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 2        | Toilet 1            |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 3        | Bedroom 2           |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 4        | Toilet 2            |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 5        | Bedroom 3           |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 6        | Toilet 3            |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 7        | Drawing             |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 8        | Dining              |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 9        | Lobby 1             |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 10       | Utility / balcony 1 |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 11       | Utility / balcony 2 |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 12       | Utility / balcony 3 |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 13       | Kitchen             |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 14       | Other               |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| 15       | Other               |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
| Remarks: |                     |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
|          |                     |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
|          |                     |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
|          |                     |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |
|          |                     |                                       |                                          |                            |                              |                                 |                                      |                       |                                                           |                                                |                                         |                                        |                                       |