

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE _____
REPORT NO _____

PHASE	CONTRACT NO. N62473-07-D-3211, CTO 0009	CONTRACT TITLE Petroleum Sites Sampling and Evaluation for Closure or Removal Actions
-------	--	--

PREPARATORY	WAS PREPARATORY PHASE WORK PREFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

INITIAL	WAS INITIAL PHASE WORK PREFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

_____ AUTHORIZED QC MANAGER AT SITE
 _____ DATE

GOVERNMENT QUALITY ASSURANCE REPORT

DATE _____

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

_____ GOVERNMENT QUALITY ASSURANCE MANAGER

_____ DATE

CONTRACTOR PRODUCTION REPORT <small>(ATTACH ADDITIONAL SHEETS IF NECESSARY)</small>						DATE		
CONTRACT NO N62473-07-D-3211		TITLE AND LOCATION Petroleum Sites Sampling and Evaluation for Closure or Removal Actions				REPORT NO		
CONTRACTOR Tetra Tech EC, Inc.					SUPERINTENDENT/ PQCM			
AM WEATHER			PM WEATHER			MAX TEMP (F)	MIN TEMP (F)	
WORK PERFORMED TODAY								
WORK LOCATION AND DESCRIPTION			EMPLOYER	NUMBER	TRADE	HRS		
JOB SAFETY		WAS A JOB SAFETY MEETING HELD THIS DATE? <small>(If YES attach copy of the meeting minutes)</small>				<input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS
		WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <small>(If YES attach copy of completed OSHA report)</small>				<input type="checkbox"/> YES <input type="checkbox"/> NO		CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT
		WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? <small>(If YES attach statement or checklist showing inspection performed.)</small>				<input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL WORK HOURS FROM START OF CONSTRUCTION
		WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <small>(If YES attach description of incident and proposed action.)</small>				<input type="checkbox"/> YES <input type="checkbox"/> NO		
LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED						<input type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.		
EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)								
Submittal #	Description of Equipment/Material Received							
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.								
Owner	Description of Construction Equipment Used Today <small>(incl Make and Model)</small>	Arrival	Off Rent Date	Actual Demob Date	Hours Idle	Hours Used	Reason for Idle	
REMARKS								
_____				_____				
CONTRACTOR/SUPERINTENDENT				DATE				

COMPLETION INSPECTION CHECKLIST

Date

Report No.

Contract No.: N62473-07-D-3211, CTO No. 0009

Contract Title: Petroleum Sites Sampling and Evaluation for Closure or Removal Actions

Contract Specifications:

Major Definable Features of Work:

A. Open Punchlist Items From Follow-Up Phase Checklist:

	Item	Date of Completion
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

B. New Punchlist Items Noted:

	Item	Date of Completion
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

C. ROICC NOTIFIED? Yes No

On behalf of Tetra Tech EC, Inc., I certify this activity is completely in accordance with the Contract Documents, based upon the information available to me.

Project Quality Control Manager

NONCONFORMANCE REPORT

		Report No.	
Client or Project:		Drawing No./Spec. No.	
Supplier, Construction QC or Contractor		P.O. No.	
Description of Component, Part or System			
I. Description of Nonconformance <i>(Items involved, specification, code or standard to which items do not comply, submit sketch if applicable)</i>			
Name and Signature of Person Reporting Nonconformance		Title/Company	Date
II. Recommended Disposition <i>(Submit sketch, if applicable)</i>			
Name and Signature of Person Recommending Disposition		Title/Company	Date
III. Evaluation of Disposition by Tetra Tech EC, Inc., Reason for Disposition			
IV. Corrective Action <input type="checkbox"/> Required <input type="checkbox"/> Not Required			
V. <input type="checkbox"/> Engineering		<input type="checkbox"/> QA/QC	
<input type="checkbox"/> Construction		<input type="checkbox"/> Other	
Name (<i>Signature</i>)	Name (<i>Signature</i>)	Name (<i>Signature</i>)	Name (<i>Signature</i>)
Date	Date	Date	Date
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments
VI. Verification of Disposition <input type="checkbox"/> Required <input type="checkbox"/> Not Required			
By	Signature	Title	Date

MATERIALS INSPECTION CHECKLIST

Date

Report No.

Contract No.: N62473-07-D-3211, CTO No. 0009

Contract Title: Petroleum Sites Sampling and Evaluation for Closure or Removal Actions

Contract Specifications:

Material	Qty	Condition	Testing	Comments

Storage Conditions:

Submittals:

MATERIALS INSPECTION CHECKLIST

Date

Report No.

Contract No.: N62473-07-D-3211, CTO No. 0009

Contract Title: Petroleum Sites Sampling and Evaluation for Closure or Removal Actions

Contract Specifications:

Material/Equipment Certifications:

Preparatory Site Conditions:

Contract Variance:

Comments:

Attendees:

QC Representative

Date

PQCM

Date

CATALOG CUT/SHOP DRAWING TRANSMITTAL AND APPROVAL
 SOUTHWESTNAVFACENGCOM 4355 / 2 (10-89)

See instructions on reverse
 No carbon paper is required to complete this form
 No transmittal letter required

SUBMITTAL NO.	CQC CLAUSE <input type="checkbox"/> IS APPLICABLE <input type="checkbox"/> IS NOT APPLICABLE							
REFERENCES TO USE WHEN CQC CLAUSE IS APPLICABLE	PART I – FOR CONTRACTOR USE	REFERENCES TO USE WHEN CQC CLAUSE IS NOT APPLICABLE						
(A) ROICC/REICC	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">FROM (<i>Contractor</i>) Tetra Tech EC, Inc. 1230 Columbia Street, Suite 750 San Diego, CA 92101</td> <td style="width:50%; vertical-align: top;">TO (A)</td> </tr> <tr> <td style="vertical-align: top;">CONTRACT NO.</td> <td style="vertical-align: top;">CONTRACT TITLE</td> </tr> </table>	FROM (<i>Contractor</i>) Tetra Tech EC, Inc. 1230 Columbia Street, Suite 750 San Diego, CA 92101	TO (A)	CONTRACT NO.	CONTRACT TITLE	(A) DESIGNER		
FROM (<i>Contractor</i>) Tetra Tech EC, Inc. 1230 Columbia Street, Suite 750 San Diego, CA 92101	TO (A)							
CONTRACT NO.	CONTRACT TITLE							
(B) (<i>Check one</i>) <input type="checkbox"/> RECORD <input type="checkbox"/> APPROVAL	THE FOLLOWING ITEM IS SUBMITTED FOR (B) PER SPECIFICATION SECTION NUMBER <hr/> CERTIFICATION (This form shall not be used to forward proposed substitutions) IT IS HEREBY CERTIFIED THAT THE <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> MATERIAL SHOWN AND MARKED IN THIS SUBMITTAL IS THAT PROPOSED TO BE INCORPORATED INTO CONTRACT N62473-07-D-3211, CTO 0009 IS IN COMPLIANCE WITH THE CONTRACT DRAWINGS AND SPECIFICATIONS AND CAN BE INSTALLED IN THE ALLOCATED SPACES.	(B) APPROVAL						
(C) AUTHORIZED CONTRACTOR QUALITY CONTROL REPRESENTATIVE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">CERTIFIED BY (C)</td> <td style="width:50%; vertical-align: top;">DATE</td> </tr> </table>	CERTIFIED BY (C)	DATE	(C) PERSON DESIGNATED BY CONTRACTOR AS HAVING AUTHORITY TO SIGN CERTIFICATION				
CERTIFIED BY (C)	DATE							
PART II – FOR DESIGNER USE								
(D) CURSORY REVIEW REQUIRED ON RECORD COMES – REPLY TO ROICC ONLY IF APPROPRIATE. DETAILED REVIEW REQUIRED ON SUBMITTALS FOR GOVERNMENT APPROVAL STAMP AND MARK EACH COPY AS APPROPRIATE.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">FROM (<i>Designer</i>)</td> <td style="width:50%; vertical-align: top;">TO (ROICC/REICC)</td> </tr> <tr> <td colspan="2" style="vertical-align: top;">THIS SUBMITTAL HAS BEEN REVIEWED (D). THE FOLLOWING RECOMMENDATION IS MADE:</td> </tr> <tr> <td style="vertical-align: top;">SIGNATURE</td> <td style="vertical-align: top;">DATE</td> </tr> </table>	FROM (<i>Designer</i>)	TO (ROICC/REICC)	THIS SUBMITTAL HAS BEEN REVIEWED (D). THE FOLLOWING RECOMMENDATION IS MADE:		SIGNATURE	DATE	(D) DETAILED REVIEW REQUIRED. STAMP AND MARK EACH COPY AS APPROPRIATE
FROM (<i>Designer</i>)	TO (ROICC/REICC)							
THIS SUBMITTAL HAS BEEN REVIEWED (D). THE FOLLOWING RECOMMENDATION IS MADE:								
SIGNATURE	DATE							
(E) DESIGNER (<i>Copy to ROICC</i>)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">FROM (ROICC/REICC)</td> <td style="width:50%; vertical-align: top;">TO (E)</td> </tr> <tr> <td colspan="2" style="vertical-align: top;">ENCLOSURES ARE RETURNED WITH THE FOLLOWING COMMENTS:</td> </tr> <tr> <td style="vertical-align: top;">SIGNATURE</td> <td style="vertical-align: top;">DATE</td> </tr> </table>	FROM (ROICC/REICC)	TO (E)	ENCLOSURES ARE RETURNED WITH THE FOLLOWING COMMENTS:		SIGNATURE	DATE	(E) CONTRACTOR (<i>Copy to ROICC</i>)
FROM (ROICC/REICC)	TO (E)							
ENCLOSURES ARE RETURNED WITH THE FOLLOWING COMMENTS:								
SIGNATURE	DATE							

INSTRUCTIONS

Enter submittal number.
Check applicable CQC clause.

CONSTRUCTION CONTRACTOR – PART I

From: Construction contractor's name and address.
To: Designer's name and address or ROICC/REICC as applicable.

Enter contract number.

Enter title of contract and location.

Describe item being transmitted. A separate form must be used for each set of catalog cuts or shop drawings. Include name of manufacturer, catalog sheets, drawing no., name of item, and number of copies forwarded.

Check submittal for record or approval purposes.

Type date and name.

Sign original and one.

Distribution (as applicable to CQC clause):

Send to designer: original and four transmittal forms with the seven copies of catalog cuts or shop drawings.
When factory inspection is required, send eight copies.

Send to ROICC/REICC: one carbon copy of form.

Send to ROICC/REICC (CQC): Original and three copies of catalog cuts or shop design.

Retain one copy for your files.

DESIGNER (A&E CONTRACTOR, SOUTHWESTNAVFACENGCOM) OR ROICC RESPONSIBLE FOR DESIGN – PART II

From: Designer's name and address.
To: ROICC/REICC and address.

Enter recommended action (i.e., approval recommended or disapproved, with appropriate comments).

Type date and name.

Sign original and one.

Distribution:

Send to ROICC/REICC: original and three copies with six (or seven when factor inspection is required) copies of catalog cuts or shop drawings.

Retain one copy of form and one copy of cuts or drawings for your files.

ROICC OR REICC – PART III

From: ROICC or REICC and address.
To: Construction contractor's name and address.

Enter action taken (i.e., approved subject to, etc.).

Type date and name.

Sign original and one.

Distribution:

Send to construction contractor: original with three copies of cuts or drawings

Send to ROICC one carbon copy of form with one copy of cut or drawings.

Retain two copies of form and two copies of cuts or drawings: one for field use and one for ROICC/REICC file.

NOTE: When factory inspection is required, forward one approved copy of cuts or drawings to the ROICC, Construction Division. Cover transmittal should state the information is forwarded for factory inspection.



FIELD CHANGE REQUEST FORM

Contract No. N62473-07-D-3211		CTO No. 0009		Field Change Request Form No. FCRF-	
Additional Details					
Will this change result in a contract cost or time change? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Estimate of contract cost or time charge (if any) _____					
Preparer (signature)		Date	Preparer's Title		Date
Disposition					
<input type="checkbox"/> Approved.					
<input type="checkbox"/> Not approved (give reason). _____					
TtEC Engineer (signature) (if engineering related)		Date	TtEC Project Manager (signature)		Date
<input type="checkbox"/> Comments (attached) <input type="checkbox"/> No Comments			<input type="checkbox"/> Comments (attached) <input type="checkbox"/> No Comments		
TtEC PESM (signature)		Date	TtEC Scientist (signature) (if science related)		Date
<input type="checkbox"/> Comments (attached) <input type="checkbox"/> No Comments			<input type="checkbox"/> Comments (attached) <input type="checkbox"/> No Comments		
TtEC QC Program Manager (signature)		Date			
<input type="checkbox"/> Comments (attached) <input type="checkbox"/> No Comments					

Distribution: Original to Project File, Copy to Site File, Project Manager, DON RPM, DON ROICC, PQCM, QCM

PHOTOGRAPH LOG SHEET

Date Submitted

Roll No.

Contract No.: N62473-07-D-3211, CTO No. 0009

Contract Title: Petroleum Sites Sampling and Evaluation for Closure or Removal Actions

Photographer:

Frame	Date	Time	Location/Grid No.	Description/Work No.	Notes
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					