

CONTRACTOR QUALITY CONTROL REPORT <small>(ATTACH ADDITIONAL SHEETS IF NECESSARY)</small>				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			Index #
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			Index #
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					
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? (If YES attach copy of the meeting minutes) <input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CONT SHEETS		
		WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report) <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? (If YES attach statement or checklist showing inspection performed.)		<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL WORK HOURS FROM START OF CONSTRUCTION		
WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? (If YES attach description of incident and proposed action.)		<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 (incl Make and Model)	Arrival	Off Rent Date	Actual Demob Date	Hours Idle	Hours Used	Reason for Idle
REMARKS							
_____ CONTRACTOR/SUPERINTENDENT				_____ DATE			

PREPARATORY PHASE CHECKLIST		SPEC SECTION	DATE
(CONTINUED ON SECOND PAGE)			
CONTRACT NO	DEFINABLE FEATURE OF WORK	SCHEDULE ACT NO.	INDEX #
N62473-07-D-3211			
PERSONNEL PRESENT	GOVERNMENT REP NOTIFIED _____ HOURS IN ADVANCE: YES <input type="checkbox"/> NO <input type="checkbox"/>		
	NAME	POSITION	COMPANY/GOVERNMENT
SUBMITTALS	REVIEW SUBMITTALS AND/OR SUBMITTAL REGISTER. HAVE ALL SUBMITTALS BEEN APPROVED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF NO, WHAT ITEMS HAVE NOT BEEN SUBMITTED? _____		
	ARE ALL MATERIALS ON HAND? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF NO, WHAT ITEMS ARE MISSING? _____		
MATERIAL STORAGE	CHECK APPROVED SUBMITTALS AGAINST DELIVERED MATERIAL. (THIS SHOULD BE DONE AS MATERIAL ARRIVES.)		
	COMMENTS: _____		
SPECIFICATIONS	ARE MATERIALS STORED PROPERLY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF NO, WHAT ACTION IS TAKEN? _____		
PRELIMINARY WORK & PERMITS	REVIEW EACH PARAGRAPH OF SPECIFICATIONS. _____		
	DISCUSS PROCEDURE FOR ACCOMPLISHING THE WORK. _____		
PRELIMINARY WORK & PERMITS	CLARIFY ANY DIFFERENCES. _____		
PRELIMINARY WORK & PERMITS	ENSURE PRELIMINARY WORK IS CORRECT AND PERMITS ARE ON FILE.		
	IF NOT, WHAT ACTION IS TAKEN? _____		

TESTING	IDENTIFY TEST TO BE PERFORMED, FREQUENCY, AND BY WHOM. _____
	WHEN REQUIRED? _____
	WHERE REQUIRED? _____
	REVIEW TESTING PLAN. _____
SAFETY	HAS TEST FACILITIES BEEN APPROVED? _____
MEETING COMMENTS	ACTIVITY HAZARD ANALYSIS APPROVED? YES <input type="checkbox"/> NO <input type="checkbox"/>
	REVIEW APPLICABLE PORTION OF EM 385-1-1. _____
OTHER ITEMS OR REMARKS	NAVY/ROICC COMMENTS DURING MEETING.
<div>OTHER ITEMS OR REMARKS:</div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div>	
<div>PQCM _____</div> <div>DATE _____</div>	

INITIAL PHASE CHECKLIST		SPEC SECTION	DATE
CONTRACT NO N62473-07-D-3211		DEFINABLE FEATURE OF WORK	SCHEDULE ACT NO.
		INDEX #	
PERSONNEL PRESENT	GOVERNMENT REP NOTIFIED _____ HOURS IN ADVANCE: YES <input type="checkbox"/> NO <input type="checkbox"/>		
	NAME	POSITION	COMPANY/GOVERNMENT
PROCEDURE COMPLIANCE	IDENTIFY FULL COMPLIANCE WITH PROCEDURES IDENTIFIED AT PREPARATORY. COORDINATE PLANS, SPECIFICATIONS, AND SUBMITTALS.		
	COMMENTS: _____		
PRELIMINARY WORK	ENSURE PRELIMINARY WORK IS COMPLETE AND CORRECT. IF NOT, WHAT ACTION IS TAKEN?		
WORKMANSHIP	ESTABLISH LEVEL OF WORKMANSHIP.		
	WHERE IS WORK LOCATED? _____		
	IS SAMPLE PANEL REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	WILL THE INITIAL WORK BE CONSIDERED AS A SAMPLE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	(IF YES, MAINTAIN IN PRESENT CONDITION AS LONG AS POSSIBLE AND DESCRIBE LOCATION OF SAMPLE) _____		
RESOLUTION	RESOLVE ANY DIFFERENCES.		
	COMMENTS: _____		
CHECK SAFETY	REVIEW JOB CONDITIONS USING EM 385-1-1 AND JOB HAZARD ANALYSIS		
	COMMENTS: _____		
OTHER	OTHER ITEMS OR REMARKS		
<div style="text-align: right;"> PQCM _____ DATE _____ </div>			

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

NONCONFORMANCE REPORT LOG

PROJECT TITLE: Petroleum Sites Sampling and Evaluation for Closure or Removal Actions

PROJECT LOCATION: Moffett Field, California

CONTRACTOR: Tetra Tech EC, Inc.

NCR NO.	HOLD TAG NO.	DESCRIPTION OF CONDITIONS/ ITEM AFFECTED	LOCATION	DATE					REMARKS
				VALIDATION	DISPOSITION/ APPROVAL	RE- INSPECTION	CLOSURE	HOLD TAG REMOVAL	

REWORK ITEMS LIST

Contract No. and Title: N62473-07-D-3211, CTO 0009, Petroleum Sites Sampling and Evaluation for Closure or Removal Actions

Contractor: Tetra Tech EC, Inc.

[illegible]

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	FROM (Contractor) Tetra Tech EC, Inc. 1230 Columbia Street, Suite 750 San Diego, CA 92101		TO (A)
	CONTRACT NO.	CONTRACT TITLE	
	THE FOLLOWING ITEM IS SUBMITTED FOR (B) PER SPECIFICATION SECTION NUMBER		(B) APPROVAL
	<p>CERTIFICATION (This form shall not be used to forward proposed substitutions)</p> <p>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.</p>		
(C) AUTHORIZED CONTRACTOR QUALITY CONTROL REPRESENTATIVE	CERTIFIED BY (C)	DATE	
	PART II – FOR DESIGNER USE		
	FROM (Designer)	TO (ROICC/REICC)	
(D) CURSORY REVIEW REQUIRED ON RECORD COMES – REPLY TO ROICC ONLY IF APPROPRIATE. DETAILED REVIEW REQUIRED ON SUBMITTALS FOR GOVERNMENT APPROVAL	THIS SUBMITTAL HAS BEEN REVIEWED (D). THE FOLLOWING RECOMMENDATION IS MADE:		(D) DETAILED REVIEW REQUIRED. STAMP AND MARK EACH COPY AS APPROPRIATE
	SIGNATURE		
	DATE		
(E) DESIGNER (Copy to ROICC)	PART III – FOR ROICC/REICC USE		
	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-	
Location				Date	
RE: Drawing No. _____ Title _____ Specification Section _____ Title _____ Other _____					
Description (items involved, submit sketch, if applicable)					
Reason for Change					
Recommended Disposition (submit sketch, if applicable)					



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		Site Superintendent/PQCM (Signature)
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
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