

CONTRACTOR QUALITY CONTROL REPORT <small>(ATTACH ADDITIONAL SHEETS IF NECESSARY)</small>				DATE REPORT NO	
PHASE	CONTRACT NO.		CONTRACT TITLE		
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
QUALITY ASSURANCE REPORT					
DATE					
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT					
Schedule Activity No.	Description				
QUALITY ASSURANCE MANAGER					DATE

DATE _____
REPORT NO. _____

(CONTINUATION SHEET)
(ATTACH ADDITIONAL SHEETS IF NECESSARY)

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CONTRACTOR PRODUCTION REPORT						DATE	
(ATTACH ADDITIONAL SHEETS IF NECESSARY)							
CONTRACT NO		TITLE AND LOCATION				REPORT NO	
CONTRACTOR				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 CON'T 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 #
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	ACTIVITY HAZARD ANALYSIS APPROVED? YES <input type="checkbox"/> NO <input type="checkbox"/>
	REVIEW APPLICABLE PORTION OF EM 385-1-1. _____
MEETING COMMENTS	NAVY/ROICC COMMENTS DURING MEETING.
OTHER ITEMS OR REMARKS	OTHER ITEMS OR REMARKS:
<div style="text-align: right;"> PQCM _____ DATE _____ </div>	

INITIAL PHASE CHECKLIST		SPEC SECTION	DATE
CONTRACT NO		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="display: flex; justify-content: space-between;"> PQCM DATE </div>			

COMPLETION INSPECTION CHECKLIST

Date

Report No.

Contract No.:

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 Grove Window Supply , 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:

CONTRACTOR:

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:

Contractor:

[illegible]

MATERIALS INSPECTION CHECKLIST				Date
				Report No.
Contract No.:			Contract Title:	
Contract Specifications:				
Material	Qty	Condition	Testing	Comments
Storage Conditions:				
Submittals:				

MATERIALS INSPECTION CHECKLIST		Date
		Report No.
Contract No.:		Contract Title:
Contract Specifications:		
Material/Equipment Certifications:		
Preparatory Site Conditions:		
Contract Variance:		
Comments:		
Attendees:		
		QC Representative
		Date
		PQCM
		Date

PHOTOGRAPH LOG SHEET					Date Submitted	
					Roll No.	
Contract No.:				Contract Title:		
Photographer:						
Frame	Date	Time	Location/Grid No.	Description/Work No.	Notes	
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