

APPENDIX C

QC CHECKLISTS & FORMS

PREPARATORY PHASE CHECKLIST

(CONTINUED ON SECOND PAGE)

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"/>																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">NAME</th> <th style="width: 30%;">POSITION</th> <th style="width: 25%;">COMPANY/GOVERNMENT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	NAME	POSITION	COMPANY/GOVERNMENT																					
	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? _____																								
	CHECK APPROVED SUBMITTALS AGAINST DELIVERED MATERIAL. (THIS SHOULD BE DONE AS MATERIAL ARRIVES.) COMMENTS: _____																								

MATERIAL STORAGE	ARE MATERIALS STORED PROPERLY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, WHAT ACTION IS TAKEN? _____																								

SPECIFICATIONS	REVIEW EACH PARAGRAPH OF SPECIFICATIONS. _____																								

	DISCUSS PROCEDURE FOR ACCOMPLISHING THE WORK. _____																								

	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:
_____ QC MANAGER DATE	

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 NO

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 NO

WILL THE INITIAL WORK BE CONSIDERED AS A SAMPLE? YES NO

(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

 QC MANAGER

 DATE

CONTRACTOR PRODUCTION REPORT <small>(ATTACH ADDITIONAL SHEETS IF NECESSARY)</small>						DATE	
CONTRACT NO		TITLE AND LOCATION				REPORT NO	
CONTRACTOR				SUPERINTENDENT			
AM WEATHER		PM WEATHER			MAX TEMP (F)		MIN TEMP (F)
WORK PERFORMED TODAY							
Schedule Activity No.	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		WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report) <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS	
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		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		TOTAL WORK HOURS FROM PREVIOUS REPORT		TOTAL WORK HOURS FROM START OF CONSTRUCTION	
Schedule Activity 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)							
Schedule Activity No.	Submittal #	Description of Equipment/Material Received					
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.							
Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)					Hours Used
Schedule Activity No.	REMARKS						

_____ DATE

CONTRACTOR/SUPERINTENDENT

CONTRACTOR PRODUCTION REPORT

(CONTINUATION SHEET)

DATE

CONTRACT NO

TITLE AND LOCATION

REPORT NO

WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS

Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)

Schedule Activity No.	Submittal #	Description of Equipment/Material Received

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.

Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used

Schedule Activity No.	REMARKS

INCLUDE ALL PERSONNEL WORK HOURS IN THE WORK PERFORMED SECTION ON THIS SHEET INTO THE FRONT CONTRACTOR PRODUCTION REPORT