



# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

|           |
|-----------|
| DATE      |
| REPORT NO |

|       |             |                |
|-------|-------------|----------------|
| PHASE | CONTRACT NO | CONTRACT TITLE |
|-------|-------------|----------------|

|                    |  |                           |
|--------------------|--|---------------------------|
| <b>PREPARATORY</b> | WAS PREPARATORY PHASE WORK PERFORMED 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 #                   |
|                    |  |                           |
|                    |  |                           |
|                    |  |                           |

|                |  |                           |
|----------------|--|---------------------------|
| <b>INITIAL</b> | WAS INITIAL PHASE WORK PERFORMED 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 #                   |
|                |  |                           |
|                |  |                           |
|                |  |                           |

|                  |  |  |
|------------------|--|--|
| <b>FOLLOW-UP</b> | 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.

DATE
\_\_\_\_\_  
AUTHORIZED QC MANAGER AT SITE

|  |      |
|--|------|
| <b>GOVERNMENT QUALITY ASSURANCE REPORT</b> | DATE |
|--|------|

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

\_\_\_\_\_  
GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

### CONTRACT DISCREPANCY REPORT

|                                 |                                  |
|---------------------------------|----------------------------------|
| Contract Number:                | Report No. for this Discrepancy: |
| To: (Contractor/Manager's Name) | From: (Name of COR)              |

**5. Dates**

|               |                             |                      |
|---------------|-----------------------------|----------------------|
| 5a. Prepared: | 5b. Returned by Contractor: | 5c. Action Complete: |
|---------------|-----------------------------|----------------------|

Discrepancy or Problem: (Describe in detail. Include reference to PWS Directive; attach additional sheet if necessary.)

---



---



---



---

Signature of Contracting Officer or COR:

|  |                        |
|--|------------------------|
| 8a. To: (Contracting Officer and/or COR) | 8b. From: (Contractor) |
|--|------------------------|

9. Contractor Response as to Cause, Corrective Action and Actions to Prevent Recurrence: (attach additional sheet if necessary.)

---



---



---

|  |            |
|--|------------|
| 10a. Signature of Contractor Representative: | 10b. Date: |
|--|------------|

11. Government Evaluation: (Acceptance, partial acceptance, reflection; attach additional sheet if necessary.)

---



---



---

12. Government Actions: (Reduced payment, cure notice, show cause, other)

---



---



---

**13. Close Out**

|                     | Name | Title | Signature | Date |
|---------------------|------|-------|-----------|------|
| Contractor Notified |      |       |           |      |
| b. COR              |      |       |           |      |
| c. CO               |      |       |           |      |