APPENDIX – B

FORMATS FOR CONSTRUCTION MONITORING

Appendix B

Table 1: Procedure for Testing Materials on Site

	CEMENT	QC-M-01	
SI. No.	Type of Test	Frequency of Test	Timing of Test/ Inspection
1	Normal consistency		On receipt of
2	Fineness	One for each source and	material at site and
3	Setting time – Initial/ final	when called for by the Engineer	before using as directed by the
4	Compressive strength -72 hrs, 168 hrs, 672 hrs.	Sampling should comply with	Engineer. Test certificate to be produced to the
	lphate resistant cement as per IS-12330 OPC shall conform to IS 8112/ 12269		Engineer before use.

	SAND	QC-M-02	
SI.	Type of Test	Frequency of Test	Timing of Test/
No.			Inspection
1	Particle Size and shape IS 2386-Part-I	One test for 20 m ³	On receipt at site and test certificate
2	Fineness modulus	One test for 20 m ³	to be produced to the Engineer
3	Deleterious constituents	One test for 20 m ³	before use.
4	Bulking test	One test per 20 m ³ or part there of One test for	33.3.3 3331
5	Silt content IS2386- PartII	20 m ³	

WATER FOR CONSTRUCTION WORKS		QC-M-03	
SI.	Type of Test	Frequency of Test	Timing of Test/
No.			Inspection
1	Alkalinity and acidity as per IS-3025	Once per source of supply and when called for by the	
2	Solids	Engineer	

BRICKS & BRICK TILES		QC-M-04	
SI.	Type of Test	Frequency of Test	Timing of Test/
No.			Inspection
1	Compressive strength	One test per 50,000	On receiptat site
2	Physical properties	bricks or part thereof	
3	Water absorption test		

SIZE STONE		QC-M-05	
SI. No.	Type of Test	Frequency of Test	Timing of Test/ Inspection
1	Water absorption test	One test per source and when called for	On receiptat site
2	Dimension check	As directed by the	
3	Type of rock	Engineer	

SI. Type of Test No. 1 Aggregate Impact or Los Angeles Abrasion Value as per IS-2386 Part-IV Timing of Inspection One for each source of supply and when called for by the Engineer	
1 Aggregate Impact or Los Angeles Abrasion One for each source of Value as per IS-2386 Part-IV supply and when called material at sit for by the Engineer	Test/
Value as per IS-2386 Part-IV supply and when called material at sit for by the Engineer	1
lor by the Engineer	
2 Soundness as per IS- 2386 Part-V	
3 Deleterious material as per IS 2386-Part II	
4 Particle size distribution IS 2386-I	
5 10% Fine value as per IS 2386-Part IV	
6 Water Absorption	

When required, the contractor shall furnish the mix design along with material properties at least 15 days in advance.

SOIL/EARTH/SUB-GRADE MATERIAL		QC-M-07		
SI. No.	Type of Test	Frequency of Test	Timing of Test/ Inspection	
1	Swelling index IS 2720 part XL	Two sets for 3000 m ³ or part thereof	On receiptat site	
2	Liquid limits and plasticity index			
3	Deleterious material IS 1498			
4	OMC & MDD Test			
5	Chemical properties			

6	Grain Size Distribution		
	Graph (by wet sieve analysis)		
7	Void ratio gradation		
8	Soaked CBR test (optional)	Two sets for 3000 m ² or part thereof and as directed by the Engineer	

G	GRANULAR SUB-BASE MATERIAL QC-M-0		8
SI. No.	Type of Test	Frequency of Test	Timing of Test/ Inspection
1	California Bearing Ratio Test	As required	On receiptat site
2	Material combinations		
3	Moisture content as per IS-2270	1 test per 250 m ³ or part thereof	Prior to compaction
4	Fineness value BS 812 Part III	As required	On receiptat site
5	Soundness of material		
6	Air voids content		
7	Gradation by wet sieve analysis	1 test per 200 m ³ or	
8	Atterberg limits	part thereof	
9	Deleterious constituents		
10	OMC and MDD		

The contractor shall furnish the GSB design mix along with material properties and test results at least 15 days before laying GSB at site.

	MATERIAL FOR WBM / WMM	QC-M-09	
SI. No.	Type of Test	Frequency of Test	Timing of Test/ Inspection
1	Aggregate Impact Value	One test for 200 m ³	On receiptat site
2	Grading by wet sieve analysis	One test for 100 m ³	
3	Flakiness Index and	One test for 200 m ³ of	
	Elongation Index	aggregate	
4*	Atterberg limits of binding material *(Only for WBM)	One test for 25m ³ of binding material	

	TC-M-09-02		
5	Atterberg limits of portion of aggregate passing 425 micron sieve. TC-M-09-02	One test for 100 m ³ of aggregate	
6	Water Absorption Test TC-M-05-01	Initially one set of 3 representative specimen for each source of supply and subsequently, when warranted by changes in the quality of aggregate	
7	Soundness Test TC-M-06-02	One for each source of supply and when called for by the Engineer	On receipt at site and when absorption value is more 2%
8*	Density of compacted layer of WMM *(Only for WMM)	One test for 500 m ³	

	METALFOR BM / DBM / BC / SURFACE DRESSING / MSS / PRE-MIX CARPET)
SI.	Type of Test	Frequency of Test	Timing of Test/
No.			Inspection
1	Aggregate Impact Value	One test for 50 m ³ of aggregate or part thereof	and before using
2	Flakiness Index and Elongation Index of aggregates	,	in the hot mixing
3	Water absorption of aggregates	Initially one set of 3 representative specimen for each source of supply and subsequently, when warranted by changes in	
4	Stripping value	the quality of aggregate	

5	Gradation by wet sieve analysis TC-M-06-04	As directed by the Engineer for individual component and for combined coarse, fine aggregate and filler.	
6	Soundness Test TC-M-06-02	One for each source of supply and when called for by the Engineer	On receipt at site and when absorption value is more than 2%
7	10% Fine Value as per IS 2386 – Part IV	One for 45 cum of part	

For DBM and BC, the contractor shall furnish the material properties and proposed job mix formula at least 20 days in advance.

	BINDER FOR WBM	QC-M-11	
SI. No.	Type of Test	Frequency of Test	Timing of Test/ Inspection
1	Atterberg Limit Test	One test for 100 m ³ of binding material	On receiptat site

F	FINE AGGREGATE FOR DBM/BC QC-M-12	
SI. No.	Type of Test	Frequency of Test Timing of Test/ Inspection
1	Passing 2.36 mm sieve and retained on 75 micron sieve	As directed by the Before use Engineer
2	Deleterious matter	Visual observation of lot before use

	LIME	E QC-M-13	
SI. No.	Type of Test	Frequency of Test	Timing of Test/ Inspection
1	Chemical properties as per IS: 6932, 1514	3 final test samples for a lot size up to 100 tons as	On receipt at site.
2	Physical properties as per IS: 6932	per Table 3 in IS 712	

BITUN	ΛEN .	QC-M-14	
SI. No.	Type of Test	Frequency of Test	Timing of Test/ Inspection
1	Grade of bitumen as directed/defined (Penetration Test)	Two samples per test subject to all or some tests as	before unloading
2	Ductility Test	directed by the	from the truck
3	Flash and Fire Point Test	Engineer	
4	Viscosity Test		
5	Softening Test		

	OW MATERIAL b be used in Embankment / Sub grade / GSB)	QC-M	-15
SI. No.	Type of Test	Frequency of Test	Timing of Test/ Inspection
1	Digging of borrow area for sampling	25 m c/c or closer depending upon soil strata variation	

	OW MATERIAL o be used in Embankment / Sub grade / GSB)	QC-M-15	
SI. No.	Type of Test	Frequency of Test	Timing of Test/ Inspection
2	Sand Content	2 sets of observation	Before material is
3	Wet Sieve Analysis	per 3000 m ³ of soil	extracted for use in
4	Plasticity Index	and in each	construction.
5	Modified Proctor Density	6 observations required.	
6	Soaked CBR Test		
7	OMC		
8	MDD		
Borro	w material source must be approved before extra	acting material.	1

Table 2: Procedures for Testing General Civil and Structural Works

Sr. No	Type of Test	Frequency of Test	Timing of Test/ Inspection
	Embankment Formation	QC-G-01	
1	Moisture content as per IS- 2720	One test for each 250 m ³ of soil	In-process
2	Field density test as per IS- 2720	5-10 density tests for each 1,000 m ² compacted area, or as directed by Engineer	
3	Compaction	As per required number of passes	While compacting
	Excavation/Backfilling	QC-G-0	2
1	Layout, slopes of excavation, benching and over-burden	As directed by the Engineer	After excavation
2	Sub-soil water, shoring and strutting		
3	Bottom levels and compaction		
4	Soil classification		
5	Backfilling and compaction		After backfilling
	Concreting	QC-G-0	3
1	Compressive strength as per IS-516	One test for 1-5 m ³ of concrete Two tests for 6-15 m ³ of concrete Three tests for 16- 30 m ³ of concrete Four tests for 31-50 m ³ + one set every	Test samples to be taken while pouring. Testing to
		50 m ³ of additional concrete work.	

Sr. No	Type of Test	Frequency of Test	Timing of Test/ Inspection
2	Slump test per IS-1199	Random checks throughout concreting as directed by the Engineer	Before pouring concrete
3	Inspection of steel reinforcement placement and bending, and formwork	Before pouring concrete	Before pouring concrete
4	Concrete Pour Report	When pouring is done	Immediately after pouring
	Mortar	QC-G-0	04
1	Compressive strength as per IS-2250	One sample for every 2 m ³ of mortar subject to a minimum of three samples for a day's work	Test samples to be taken while before mortaring. Testing to be done as specified incontract.
2	Consistency as per IS-2250		

INSPECTION CHECKLISTS

Sr.	Checklist Name	Format No.
No.		
1.	General Check list for Works	GC-1
2.	Inspection Checklists for Building Works	IC-1

Format GC – 1: General Check list for Works

Sr. No	Item to be checked	Yes / No/ Remarks
1.	Is the Community Information (Display) Board installed at the entry to slum?	
	Is it useful in knowing the details of works?	
2.	Is the People's Estimate (pamphlet) also distributed to the community?	
3.	Is there a Community Monitoring Committee in the slum?	
4.	Is it able to monitor the Progress and Quality of work effectively?	
5.	AVAILABILITY OF DOCUMENTS:	
	Are copies of following available at site	
	i) Contract documents incl. contract drawings,	
	ii) Construction (working) drawings,	
	iii) Estimates and designs ?	
	iv) Are the Site Order Book and Quality Control Test Registers properly	
	maintained and available at contractor's site office?	
6.	Is there a Work Plan of the contractor?	
7.	Are the TBMs set up & verified by Engineer – in - charge?	
8.	Are the underground works commenced / done first i.e., sewerage, water	
	supply, drains, street lighting, roads in that sequence?	
9.	Are the construction of sewerage & drainage commenced from down- stream	
	end?	
10.	Are the Drain top levels below the road edge levels and also below the	
	Courtyard Levels of houses ingeneral?	
11.	Are there any encroachments to be removed?	
12.	Is there any delay in progress of work with reference to work plan?	
13.	Is there any deviation in work or field conditions with reference to design?	
	Does any technical / financial problem need to be addressed?	
14.	Is the construction as per construction drawings?	
15.	Is the Contactor conducting quality control tests?	
	Is the Quality control test register being maintained properly and endorsed	
	by the Engineer – in -charge?	
16.	Is proper barricading provided where necessary to ensure safety of resi-	
	dents?	
17.	Are drains and sewers properly connected to their disposal points?	
18.	Is there free flow of drainage?	
19.	What is the feedback of community on:	
	i) quality of work &	
	ii) functional aspects of works?	

Sr. No	Item to be checked	Yes / No/ Remarks
20.	Specific remarks on performance of consultant (where mobilised). Is there a Resident Engineer stationed for the slum for supervision?	
21.	Whether regular site visits are done by Engineer – in – charge?	
22.	CONCRETE WORK: CEMENT: Is the manufacturer's test certificate for cement produced? Is it fresh (<1 month from date of manufacture), free from lumps? Is it stacked properly in stacks less than 10 bags height over a raised wooden platform to prevent contact with moisture? Is air entry into the store room prevented to prevent formation of lumps?	
23.	AGGREGATES: Is the fine aggregate (FA or sand) of good quality coarse river sand and conform to the grading requirements of mortar / concrete (as applicable) as per IS: 383?	
24.	Has bulking of sand been tested? If there is bulking, has the volume of sand been adjusted accordingly?	
25.	Is the Coarse Aggregate (CA) of hard variety, cubical in shape and not flaky and conforms to the grading requirements of CA for concrete as per IS: 383?	
26.	Is the content of deleterious matter like coal & lignite, clay lumps, material finer than 75 micron IS sieve (dust), soft fragments, organic matter etc. <5% as per IS: 383?	
27.	Is the Maximum Size of Aggregate maintained as specified? (For RCC, it should not be more than 20 mm; for PCC, it should not be more than ¼ of the minimum thickness of the member subject to a max- imum of 50 mm). For pavement concrete, it should not be more than 25 mm as per MORTH.	
28.	Is the % water absorption <2% for the CA for concrete?	
29.	Has the concrete mix design been done by a designated laboratory and approved by the Engineer-in-Charge?	
30.	Is the CA being wetted before being used for concrete?	
31.	Is the concrete being mixed in a mechanical mixer with hopper?	
32.	Is the minimum cement content not less than that specified as per Table 5 of IS: 456 based on exposure conditions and the type of work?	
33.	Is the water / cement ratio properly adhered to as per mix design?	

Sr. No	Item to be checked	Yes / No/ Remarks
34.	Are the concrete cube samples taken for compressive strength testing in accordance with sampling criteria in IS: 456?	
35.	Is the concrete properly placed in position from a height of less than 0.5 m?	
36.	Is the workability as per slump test in the required range for the nature of work being undertaken?	
37.	Is the concrete being emptied from the drum onto a smooth impermeable platform?	
38.	Is vibrator being used on the work? Is there a spare vibrator?	
39.	Is the form work strong enough to prevent bulging when vibrated? Is it free from holes etc. to prevent loss of cement slurry?	
40.	Is the concrete being cured adequately as per requirements?	
41.	Is the form work removed only after the expiry of prescribed period for the type of structural element?	
42.	Is the acceptance criteria being followed as per IS: 456?	
43.	Are manufacturer's test certificate produced for conformance to IS: 1786 for Tor steel and to IS 432 for mild steel (as applicable) from manufactures?	
44.	Have the i) yield strength test, ii) % elongation test, iii) rebend test been conducted for the steel being used on major / important works? Does it meet the specifications?	
45.	Is there any coating of earth or dirt etc. for the steel which prevents formation of proper bond with the concrete?	
46.	Is the steel of adequate anchorage length, with proper cover (higher specified cover for water retaining structures as per IS: 3370) with chairs and placed in forms and properly tied with GI binding wire?	
47.	Are the overlaps of required bond / anchorage? le Minimum 50 times dia. of bar for tension le. Minimum 40 times dia. of bar for compression Whether overlaps are staggered?	
48.	Is proper detailing of reinforcement done as per SP 34, particularly at joints?	
49.	Has the reinforcement assembly been checked by the Engineer – in - charge prior to laying of concrete w.r.t. approved designs?	
50.	Is necessary provision / arrangement for services like water supply, electrical fixtures etc. made in the form work prior to laying of concrete (for buildings)?	

Sr. No	Item to be checked	Yes / No/ Remarks
51.	Is sampling of concrete cubes and compressive strength testing done as per the sampling criteria in IS: 456-2000?	
52.	BRICK WORK: Are the bricks well burnt without un burnt portions, of rectangular shape, with sharp edges, free from cracks and of correct size? Are they properly stacked in stacks not more than 20 courses?	
53.	Do they give clear metallic sound when struck with a hammer? Are they intact and do not break when dropped from a height of about 2m?	
54.	Are the bricks soaked in water for 2 hours before being used?	
55.	Have the bricks been tested for compressive strength? Do they satisfy 50 kg/cm2 for 1st class bricks (for sewer man holes) and 35 kg/cm2 for 2nd class bricks for other works?	
56.	Is the % water absorption after 24 hours not more than 20%?	
57.	Does the sand fall in the grading as prescribed? Is the mortar used as per specified mix proportions?	
58.	Is the frog (manufacturer's mark) kept on the top of the brick while laying the brickwork?	
59.	Are the joints in each layer broken to prevent stress concentration?	
60.	Is the thickness of mortar joint as per specification? (Not more than 12 mm for 2nd class brickwork and 10 mm for 1st class brickwork)	
61.	Are the joints raked when mortar is green for at least 7.5 mm before plastering?	
62.	Is the brickwork cured for at least 14 days after construction?	
63.	Any constraints to speedy progress of work?	
64.	Any constraints to maintaining quality of work?	
65.	Any other remarks of the Inspecting Officer	

Format-IC-1: Checklists for Building Works

Sr. No.	Items	Remarks by Implementation agency / Authorised representative	Compliance by Contractor
1)	EXCAVATION & PCC		
A. Pre	Excavation		
1	Construction Drawings indicating levels available at Site		
2	Proper safety precautions taken for site and public		
3	Precautions taken for dewatering and protecting site from flooding		
4	Dumping ground established		
5	Setting out and levels as per drawings		
6	Intermediate levels checked		
	B. Post Excavation		
1	Characteristics of excavated strata noted and deviations informed		
2	Appropriate shoring and shuttering done		
3	Final excavation levels, surface inspected and approved		
4	Anti-Termite Treatment has been done post excavation		
2)	PLAIN CEMENT CONCRETEWORKS	S	
A . Pre	e-concreting		
1	All levels and dimensions checked for correctness		
2	Shuttering is as per plan and has no gaps in between		
3	All materials are of specified brand and grade		

Sr. No.	Items	Remarks by Implementation agency / Authorised representative	Compliance by Contractor
B. Du	ring Concreting		
1	Mixing of concrete has been done as specified		
2	Slump and other tests carried out as specified		
3	Honeycombing removed		
	Required number of Samples have		
4	been taken for carrying out		
	slump tests, cube tests etc		
C. Pos	st Concreting		
1	Concreting has been done as per specified line and level		
2	Curing has been done as specified		
3	Compaction has been done properly		
4	Remedial measures taken for removal of defects		
3) AN	TI TERMITE TREATMENT (ATT)		
1	Chemicals for ATT are as per specifications		
2	Chemicals in use are within the expiry date.		
3	Sufficient quantities of chemicals are available at site for ATT.		
4	Safety precautions have been taken for carrying out ATT and storage of Chemicals.		

Sr. No.	Items	Remarks by Implementation agency / Authorised representative	Compliance by Contractor
5	Record of consumption maintained at site.		
4) 1	BACKFILLING		
1	Filling material/ earth is as per specification		
2	Anti-termitetreatmenthas been carriedout before commencement of backfilling		
3	Filling has been done in layers of 300 mm, watered and compacted as per specifications		
4	Proper compaction method has been adopted		
5	Filling has been done to the required levels		
5) 1	REINFORCED CEMENT CONCRETEWOR	KS	
A. Pre-	concreting		
1	All specified materials available at site		
2	Cement is of the required grade and not more than three months old.		
3	Shuttering checked for Staging & Propping, line & level, dimensions cleaning etc and its		
	quality approved		

Sr. No.	Items	Remarks by Implementation agency / Authorised representative	Compliance by Contractor
4	Application of oil & grease carried out		
5	Mixer/Vibrator as specified available at site with adequate means to run them during concreting		
6	Cut-out & Sleeves/Inserted		
7	Surface of reinforcement is clean and free from rust		
8	Bars have been provided as per structural drawings		
9	Lap length & dowels provided as per codal provisions		
10	Pin bars & chairs/cover blocks provided as per requirements		
11	Tying of bars has been done correctly		
12	Service lines(Electrical, Plumbing, Others) if any, provided before commencement of concrete		
B. Gen	eral Arrangement		
1	Availability/ Arrangement of pumps etc, proper access & walkway checked		
2	Adequacy of vibrators/ needle including diesel vibrator		
3	Slump cone & test cubes made		
4	Safety and health measures taken before commencement		
C. Dur	ing Concreting		

Sr. No.	Items	Remarks by Implementation agency / Authorised representative	Compliance by Contractor	
	All necessary precautions taken			
1	before commencement of			
	concreting			
2	Samples of taken for slump, cube tests etc for each batch			
	Proper Compaction done and			
3	checks on Staging & Scaffolding			
	carried out			
4	Covering of green concrete carried out			
5	Surface finish checked			
6	Construction joints provided			
D. Pos	t Concreting			
	De-shutteringstartedonVertical			
1	faces/Other faces carried out as			
	per codal provisions			
2	Proper curing of concrete carried out			
3	Line& Level of surface checked for correctness			
4	Defects, notified and removed			
	Cube and other test results will			
5	be intimated to the engineer in			
	charge for furtheraction			
6) MA	6) MASONRY, MORTAR AND PLASTER			
A. Pre	-Masonry Work			
1	Availability of material as per daily requirement checked			

Sr. No.	Items	Remarks by Implementation agency / Authorised representative	Compliance by Contractor
2	Quality check for bricks/ blocks/ sand/ cement carried out		
3	Provisions kept for electrical and other services		
B. Dur	ing masonry work		
1	Checking for line/ level/ right angle carried out		
2	Mortar checked for mix proportion		
3	Proper raking of joints		
4	Seismic bands provided as per zonal requirements		
C. Pos	t masonry Check cleaning of dead mortar and broken bricks/ blocks etc.		
2	Curing carried out as per requirements		
D. Plas	stering/Pointing	<u> </u>	
1	Mortar for plastering as specified for each side of wall		
2	Quality of cement and sand checked		
3	Curing work done as per requirement		
4	Preparation of surface		
E. Dur	E. During Plastering		
1	Mortar mixing in tray		
2	Addition of water proofing compound		

Sr. No.	Items	Remarks by Implementation agency / Authorised representative	Compliance by Contractor
3	Proper roughing of first coat		
4	Check for collection of mortar spills		
5	Cleaning of dead mortar		
6	Check of waviness		
7	Check for grooves/ drip moulds		
8	Application of cement slurry on concrete surface		
F. Afte	er Plastering		
1	Curing		
2	Check for hollowness		
3	Check for cracks		
4	Check for diagonal		
5	Lime wash after 3 days (within5 days in case of neeru application)		
6	Safety and health measures		
7)	WATER PROOFING		
1	Surface for waterproofing has been prepared and cleaned		
2	Safety measures/ precautions taken before commencement of works		
3	Specified type of water proofing used		
4	Specified material used for waterproofing		
5	The material used was as per specification		
6	Work has been carried out as per specifications by the department/ specialized agency		

Sr. No.	Items	Remarks by Implementation agency / Authorised representative	Compliance by Contractor
8)	IPS/TILE FLOORING AND DADO		
1	Layout of floor checked and proper slopes for draining water are maintained specially in bath		
	room and toilet.		
2	Thickness bases at GL checked of different floor		
3	Check for proper back filling under floor done		
4	Metal/glass strips laid properly in IPS flooring		
5	Curing of IPS Flooring done as per requirements		
6	Dado provided as per required height		
7	Cleaning and finishing done		
9)	PLUMBING & WATERSUPPLY		
1	GI/CI/HDPE pipes etc. confirms to relevant IS codes		
2	Pipes of required diameter and their fittings used		
3	Plumbing and Water Supply work carried out through a licensed plumber		
4	Works done as per specification		
5	Plumbing and Water Supply works tested on completion -		
6	Defects rectified		

Sr. No.	Items	Remarks by Implementation agency / Authorised representative	Compliance by Contractor
10)	INTERNAL ELECTRICAL WORKS		
A.GEN	ERAL		
1	Layout plans: showing the position of L.T Panels/ distribution board, lighting fixtures, lighting distribution, scheme, receptacles, etcavailable		
	before commencement of work		
2	All the following items are as per specification and of approved makes L T Panels/ Distribution Boards Lighting Fixtures Conduits, including accessories Receptacles Junction Boxes Cables/Wires Any other item	CONDUIT WIDING	
B. SUR	FACE CONDUIT WIRING / CONCEALED	CONDUIT WIRING	
1	Conduit and accessories are of specified make, gauge and diameter		
2	Proper installation of all conduit wiring and concealed wiring.		
C. CHE	C. CHECK LIST FOR EARTHING		
1	Earth electrode provided as specified.		
2 D MA	Types and size of main/sub main and circuit earthing conductors provided as specified IN AND DISTRIBUTION BOARDS		
D. 1417	D. IVIAIIA AIAD DISTRIBUTION DUARDS		

Sr. No.	Items	Remarks by Implementation agency / Authorised representative	Compliance by Contractor
	Main switch board is fabricated		
1	based on approved shop drawings		
	and the entire material used is as		
	per BIS Code.		
2	Make of switches and other items as specified.		
	CHECK LIST FOR EXTERNAL ELECTRIC	AL WORKS	
A. CHE	CK LIST FOR O.H. LINES		
	Poles used are of approved make		
1	as specified and conform to		
	relevant BIS codes.		
2	Test certificate as applicable.		
3	Pole embedded below ground level as specified.		
	Metallic poles are adequately		
4	earthed with specified size of		
	earth conductor.		
	Strays struts, insulators,		
5	conductors used conform to		
	relevant BIS Code.,		
6	Earth wire conductor used as specified.		
7	Lightning arrestors used as specified		
	Spacing of poles, spans and		
8	clearance between, conductors		
	and, surroundings kept as		
	specified.		
9	Insulators used for specified grade.		

Sr. No.	Items	Remarks by Implementation agency / Authorised representative	Compliance by Contractor
B. CAB	LE LAYING		
1	Trenches of specified dimensions excavated and prepared		
2	Required quantity of sand cushioning provided; cable laid; another layer of sand and brick protective covering provided. Refilling done earth ramming and dressing done.		
3	Cables entry point in building or crossing roads path protected by providing Hume pipes or PVC		
	pipe		
4	Cable tested before and after laying and before emerging		
C. CHE	CK LIST FOR EARTHING		
1	Earth electrode provided as specified		
2	Types and size of main/ sub main and circuit earthing conductors provided as specified.		
11)	DRAINAGE WORKS		
1	Excavation for drains carried out as per the approved lay-out		
2	Bed Concrete laid as per specifications with proper slopes and cuttings		
3	All pipes procured and laid as per requirement		

Sr. No.	Items	Remarks by Implementation agency / Authorised representative	Compliance by Contractor
4	Jointing of pipes done as per specifications		
5	Manholes provided as per design		
6	Materials for construction of manhole as specified		
7	End of the pipes plugged		
8	Drainage line tested before putting to use		
12)	CEMENT CONCRETE ROADS		
1	Materials used for construction of sub base, base and cement		
2	concreting is as specified Grading of Aggregates is as per specifications		
3	Right of Way Maintained as per drawings		
4	Aggregates spread uniformly to proper profile		
5	Centre line, gradient and camber maintained as specified -		
6	Cross section levels of precedent layer recorded		
7	Tests of aggregates carried out as specified and record		
8	Top concrete surface is of required grade and mix		
9	All tests carried out as per the relevant BIS Codes		
13)	OTHERS		

Sr. No.	Items	Remarks by Implementation agency / Authorised representative	Compliance by Contractor
1	Whether the provision for adequate ventilation and natural lighting has been made as per National Building code?		
2	Whether facility for storage in terms of Almirah/ Shelves / Lofts / Platform has been made ?		
3	Whether Sanitary fittings have been provided?		

ARCHITECTURAL WORK

PROJECT: PMC: CLIENT: CONTRACTOR:			
SECTION-E: INSPECTION REQUEST FORMS FOR A	RCHITECTURAL	WORKS	
INSPECTION REQUE	ST FOR BRICKWO	ORK	
FORM NO: FM-AW-01			
Inspection Date: Time:			
Location: Drawing	Ref		
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS
Availability of material as per daily requirement			
Proper stacking of bricks/blocks			
Wetting o bricks			
Door/Windows frames if any to be erected in position.			
Setting out/alignment			
Verticality and flatness			
Quality, Size and Type of bricks to specification			
Cement mortar mix			
Damp proof Course in place and to specification			
Reinforcement/dowels in Place and to spec.			
Bonding and lying			
Joints Even and raked out			
Stiffener to specification			
Provision of Window opening with lintel			
Rubbish Cleared away			
Check curing			
REMARKS:		I	
Inspected by:	Δ	pproved by:	
Name:		Name:	
Date:		Date:	

	QUALITY ASSURANCE MANUAL					
PROJECT PMC CLIENT CONTRACTO	DR					
FORM NO: FM-AW-02 DATE:						
	COMP	RESSION TEST FOR I	BRICKS			
Inspection D	ate:	В	rand Name:			
Date of rece	ipt:	Lo	ocation			
Drawing Ref		El	ement:			
Sample No	Maximum Load at Failure (N or Kgf)	Average Area (mm2 or cm2)	Compressive Strength (N/mm2 or kg/cm2)	Remark		
1						
2						
3						
4						
5						
Limits: Minimum 75 Kg/cm2						
Remarks						
Inspected by: Approved by:						
Name: Name:						
Date:						

QUALITY ASSURANCE MANUAL						
PROJECT PMC CLIENT CONTRACTO		OALITT ASSURANCE IVI	ANOAL			
FORM NO: F	:M-AW-03		DATE:			
	DIMENSIONAL AND	WATER ABSORPTIC	ON TEST FOR BRICKS			
Inspection D	rate:		Brand Name:			
Date of rece	ipt:	Lo	ocation			
Drawing Ref			Element:			
DIMENSION	AL TEST:					
Sample No	Weight of Dry Brick (Kg) (W1)	Weight of Wet Bricks (Kg) (W2)	Water absorption (%) (W2-W1)/W1X100	Remark		
1						
2						
3						
4						
5						
	Average%: Limits: Water Absorption less that 20% as per CPWD					
Remarks						
Inspected by	Inspected by: Approved by:					
Name:	Name:					
Date:	Date:					

QUALITY ASSU	RANCE MANUAL		
PROJECT PMC CLIENT CONTRACTOR			
PART 4.11.2: QUALITY RECORDS			
SECTION-E: INSPECTION REQUEST FORMS FOR A	RCHITECTURAL	. WORKS	
INSPECTION REQUE	ST FOR PLASTER	ING	
FORM NO: FM-AW-04			
Inspection Date: Time:			
Location: Drawing	g Ref		
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS
Materials and quality to specification			
Cement mortar/plaster mix			
Wetting brick surface			
Cement splash-dash to concrete surface			
Joints between brick and RC Structural surface			
Provision for pipe Sleeves/openings			
Plaster Thickness (Ivel peg)			
Surface finish and flatness			
Trueness of corners /arises			
Groove lines and joints			
Cleanliness and rubbish cleared away			
	1	1	1
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

POST EARTHQUAKE RECONS	TRUCTION OF	SCHOOL IN NEPA	.L.
QUALITY AS:	SURANCE MANUA	L	
PROJECT PMC CLIENT CONTRACTOR			
PART 4.11.2: QUALITY RECORDS			
SECTION-E: INSPECTION REQUEST FORMS FOR	ARCHITECTURA	L WORKS	
INSPECTION REQ	UEST FOR SCREE	DING	
FORM NO: FM-AW-05			
Inspection Date: Time:			
Location: Drawi	ng Ref		
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS
Materials and quality to specification			
Cement mortar/plaster mix			
Waterproofing in wet areas complete with 200mm skirting			
Falls to drains/FW &FT			
Screed thickness (level peg)			
Joints & dividing strips at dooraway			
Surface finish and flatness			
Floor level at dooraway and next floor finishes			
Curing/non-metallic surface hardener			
Cleanliness and rubbish cleared away			
REMARKS:			
Inspected by:		Approved	by:
Name:		Name:	

Date:.....

Date:.....

QUALITY ASS	URANCE MANUAL		
PROJECT PMC CLIENT CONTRACTOR			
PART 4.11.2: QUALITY RECORDS			
SECTION-E: INSPECTION REQUEST FORMS FOR	ARCHITECTURAL	WORKS	
INSPECTION REQUES	T FOR PAINTING V	VORKS	
FORM NO: FM-AW-06			
Inspection Date: Time:.			
Location: Drawii	ng Ref		
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS
Material type			
Colour			
Surface preparation			
1 st Coat/Sealer Coat			
Internal finishes:			
External finishes:			
2 nd Coat /Mid Coat			
Internal Finishes:			
External finishes:			
3 rd Coat/Finishes Coat			
Internal finishes:			
External finishes:			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

QUALITY ASSURANCE MANUAL				
PROJECT PMC CLIENT CONTRACTOR				
PART 4.11.2: QUALITY RECORDS				
SECTION-E: INSPECTION REQUEST FORMS FOR	ARCHITECTURA	L WORKS		
INSPECTION REQUEST FO	R TILING & MAR	BLES WORKS		
FORM NO: FM-AW-07				
Inspection Date: Time:.				
Location: Drawing Ref				
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS	
Typ, size and colour of materials to specification				
Free damage, cracks, chips, bubbles				
Adhesive/cement mix				
Surface preparation – clean and free of loose materials				
Setting out, alignment, squareness				
Flatness and falls to drains, FW & FT				
Finishes around inserts, drains, switches				
Regular & continous joints				
Tiles bedded and pointed in grout matching tile/marble skirting				
Cleanliness and rubbish cleared away				
Protection				
REMARKS:				
Inspected by:		Approved by:		
Name:		Name:		
Date:		Date:		

QUALITY A	ASSURANCE MAN	UAL	
PROJECT PMC CLIENT CONTRACTOR			
PART 4.11.2: QUALITY RECORDS			
SECTION-E: INSPECTION REQUEST FORMS FOR	ARCHITECTURA	L WORKS	
INSPECTION REQ	UEST FOR STONE	WORKS	
FORM NO: FM-AW-08			
nspection Date: Time:.			
Location: Drawii	ng Ref		
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS
Typ, size and colour of materials to specification			
ree damage, cracks, chips, bubbles			
Adhesive/cement mix			
Surface preparation – clean and free of loose materials			
Setting out, alignment, squareness			
Flatness and falls to drains, FW & FT			
Finishes around inserts, drains, switches			
Regular & continous joints			
Files bedded and pointed in grout matching cile/marble skirting			
Cleanliness and rubbish cleared away			
Protection			
		,	
REMARKS:			
nspected by:		Approved by:	
		Approved by.	
Name: Date:		Name: Date:	
- G t C		~ u	

CONCRETE WORK

PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2: QUALITY RECORDS			
SECTION A: INSPECTION REQUEST FOR	RMS FOR CONCRE	TING WORKS	
INSPECTION REC	UEST FOR PRE-CO	ONCRETING WORKS	
FORM NO: FM-CW-01			
Inspection Date:	Time:	Concreting Element:	
Drawing Ref:	Floor:	Location:	
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS
SURVEY & LAYOUT			
BASE COMPACTION			
FORMWORK			
Cleanliness			
Tightness			
Dimension plumb Form ties			
Cutout & Sleeves/Inserts			
STEEL REINFORCEMENT			
Bar size & number			
Spacing			
Cover & spacers provided			
Lapping lengths			
Column starter bars			
CONSTRUCTION PART			
Chipping cleanliness			
PLUMBNESS			
ELEVEATION			
Top of lean concrete			
Top of concrete			
THICKNESS OF CONCRETE			
OTHERE: Chemical			
Embedded material			
Water stopper			
SERVICES IF ANY: Electrical			
Plumbing			
Others			
GENERAL ARRANGEMENTS:			
Availability / Arrangement of pumps			
Proper access and walkway			
Adequacy of vibrators/needle			
Including diesel vibrator			
Slump cone and test cubes			
Safety and health measures			
Proper arrangement for lighting			
Inspected by:		Approved by:	
Name:		Name:	
. 1011101111111111111111111111111111111		1 YUTTIC	•

Date:.....

Date:.....

PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2: QUALITY RECORDS			
SECTION A: INSPECTION REQUEST FOR	RMS FOR CONCRE	TING WORKS	
INSPECTION REC	QUEST FOR PRE-C	ONCRETINGWORKS	
FORM NO: FM-CW-02			
Curing Inspection Date:	RFI Ref	·	
Finishing Inspection Date:	Concre	ting Element	
Water proofing Inspection Date:	Locatio	on:	
Backfilling inspection date:	Drawir	ng Ref:	
Concrete Grade:	. Floor		
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS
CONCRETING CURING			
Curing membrane in place?			
CONCRETE FINISH			
Top surface			
Side surfaces			
Cracks			
Honeycombing			
DEFECTS IF ANY			
Remedial measures taken			
WATERPROFING MEMBRANE			
All surfaces covered			
Correct materials used			
BACKFILLIG			
Backfill materials suitable			
Placing and compaction			
Sheet piles removed			
Sheet phes removed			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	••••
Data		Date	
Date:		Date:	

				QUALITY A	ASSURANCE	MANUA	λL			
PROJE	ECT:									
PMC										
CLIEN	T:									
CONT	RACTOR:									
PART	4.11.2: QU	JALITY REC	ORDS							
SECTION	ON A: <i>INSF</i>	PECTION RE	QUEST F	ORMS FOR	CONCRETIN	IG WORI	KS			
				CONCRE	TE POURIN	G RECO	RD			
Locati		:			Concreting Ліх					
Truc k No.	Deliver y Order	Batchin g Time	Arriva I Time	Start Discharg e	Finish Discharg e	Slum p	Conc . Vol. (m3)	Cumulativ e Vol. (m3)	Cube s Take n	Remark s
REMA	RKS:									
Inspe	cted by:						Αŗ	oproved by:		
Name	·	•••••					١	lame:		
Date:.							0	Date:		

						ď	QUALITY ASSURANCE MANUAL	SURANCE	MANUAL						
PRC	PROJECT:														
PM	:ن														
CLIE	CLIENT:														
CO	CONTRACTOR:	<u>۳</u> :													
FOR	M NO: F	FORM NO: FM-CW-04							DΑ	DATE:					
							CONCRETE CUBE REGISTER	: CUBE RE	EGISTER						
#5	Identi	Date	Grade	Locatio	Slum	Weight	7 day	s Compre	7 days Compressive Strength	ngth	28 da	ys Compr	28 days Compressive Strength	ngth	Remar
	ځ.				ni q	of	Due	Load	Comp.S	AVG.St	Due	Load	Comp.S		ks
	Mark	Castin	Concre		mm	Cnbes	date of	in KN	πi	•	date of	in KN	Ξ	N/mm	
		<i>p</i> 0	te				Testing		N/mm2	N/mm 2	Testing		N/mm2	2	
Name:	Je:												Name:		
Date:	äi												Date:		

		QUA	ALITY ASSURAN	ICE MANU	AL			
PROJECT: PMC CLIENT: CONTRAC	TOR:							
PART 4.11	2: QUALITY	RECORDS						_
SECTION I	M: INSPECTIO	ON REQUEST F	ORMS FOR COI	NCRETE W	ORKS			
SIEVE AN	IALYSIS FINE	AGGERGATE						
FORM NO): FM-CW-05	;						1
Reference	e: IS 383 and	IS 2386						
Date of Re	eceipt:		So	urce Name	ý			
Date of Te	esting:		Lo	cation:				
Quantity	of sample:		Wa	ashed / Un	washed:			
Sieve	Mass	Cumulative	Percentage	Total		entage Pas	_	Remarks
sizes	Retained (Gms)	Mass Retained	Retained (%)	Passing (%)	accepta			
		(Gms)			ZONE I	ZONE II	ZONE III	
					ZONET	ZONE II	ZOINE III	
10mm					100	100	100	
4.75mm					90-100	90-100	90-100	
2.36mm					60-95	75-100	85-100	
1.18mm					30-70	55-90	75-100	
600mic					15-34	35-59	60-79	
300mic					5-20	8-30	12-40	
150mic					0-10	0-10	0-10	
	I	1	1	ı			I	ı
REMARKS	:							
Inspected	by:					Approved	by:	
Name:					Name:.			

Date:....

Date:....

QUALITY ASSURANCE MANUAL

PMC CLIE CON PAR	NT: ITRACTOR: T 4.11.2:QU	ALITY RECORDS		PR CONCRE	TE WORKS	
SIE	EVE ANALYSIS	COARSE AGGER	RGATE 10MM			
Refe Date	e of Receipt: e of Testing:.	3 and IS 2386		Locatio	Name:	
Qua	ntity of sam	ple:		wasned	I / Unwashed:	
Sieve sizes	Mass Retained (Gms)	Cumulative Mass Retained (Gms)	Percentage Retained (%)	Total Passing (%)	Percentage Passing for acceptable limits (As per IS 383 – 1970)	Remarks
12.5mm					100	
10mm					85-100	
4.75mm					0-20	
2.36mm					0-5	
REMARKS	:					
Insp	ected by:				Approved by:	
Nan	าe:				Name:	
Date	e:				Date:	

QUALITY ASSURANCE MANUAL

PRO	DJECT:					
PM	С					
CLII	ENT:					
COI	NTRACTOR:					
PAF	RT 4.11.2:QU	ALITY RECORDS	5			
SEC	TION M: INS	PECTION REQU	IEST FORMS FC	OR CONCRE	TE WORKS	
		SIEVE	ANALYSIS - COA	ARSE AGGER	GATECOMBINED	
FOF	RM NO: FM-0	CW-07				
Ref	erence: IS 38	3 and IS 2386				
Dat	e of Receipt:			Source	Name:	
Dat	e of Testing:			Locatio	n:	
Qua	antity of sam	ple:		Washed	d / Unwashed:	
Sieve	Mass	Cumulative	Percentage	Total	Percentage Passing for	Remarks
sizes	Retained	Mass	Retained	Passing	acceptable limits (As per IS 383	
	(Gms)	Retained (Gms)	(%)	(%)	- 1970)	
40mm					100	
20mm					95-100	
10mm					25-55	
4.75					0-10	
REMARKS	S:					
Insp	pected by:				Approved by:	
Nar	ne:	······			Name:	
Dat	e:				Date:	

PROJECT: PMC CLIENT: CONTRACTOR:		
FORM NO: FM-CW-8	1	DATE:
	FLANKINESS INDEX TEST	
1. DATE OF TEST		
2. MATERIAL		
3. SOURCE 4. SAMPLE TAKEN FROM		•••••
5. TOTAL WEIGHT OF AMPLE		
SAMPLE SIZE	WEIGHT SAMPLE GAUGED (Gms)	WEIGHT IF SAMPLE PASSIG OF GAUGE (Gms)
Passing though 40mm &	(GIIIS)	GAUGE (GIIIS)
Retaining on 25mm		
-		
Passing through 25mm &		
Retaining on 20mm		
Passing through 20mm &		
Retaining on 16mm		
<u> </u>		
Passing through 16mm &		
Retaining on 12.5 mm		
Dassing through 12 E mm 9	T	
Passing through 12.5 mm & Retaining on 10mm		
Netalling on Iolilin		
Passing through 10mm &		
Retaining on 6.3		
Tabel	I	
Total		
Flakiness Index (%) =	Total Weight Passing on Gauge	X 100
	Total Weight of Sample Gauged	
Limits: Not more than 35%		
Name:		Name:
Date:		Date:

PROJECT PMC CLIENT		
CONTRACTOR		
FORM NO: FM-CW-9		DATE:
DETER DATE OF TEST MATERIAL SOURCE SAMPLING POINT	MINATION OF SP. GR 	AVITY AND WATER ABSORPTION
Weight of Pycnometer (A Weight of pycnometer fill Weight of about 500 gms Weight of about 500 gms SSD weight of 500 gms dr	ed with water (B) dried Agg + Pycnome dired Agg + Pycnom	
Specific Gravity =	W3-W1	
Water Absorption =	W2-W1+W3-W $W5 - (W3-W1)$ $W3-W1$	
Remarks:		
Name: Date:		Name: Date

PROJECT	
PMC CLIENT	
CELEVI	
CONTRACTOR	
FORM NO: FM-CW-10 DATE:	
DETERMINATION OF SP. GRAVITY AND WATER ABSORPTION	
DATE OF TEST	
MATERIAL	
SOURCE	
SAMPLING POINT	
Weight of Pycnometer (A) = W1	
Weight of pycnometer filled with water (B) = W2	
Weight of about 500 gms dried Agg + Pycnometer (C) = W3	
Weight of about 500 gms dired Agg + Pycnometer + Water (D) = W4	
SSD weight of 500 gms dried Agg = W5	
SSD Weight of Soo gills dried Agg = WS	
Specific Gravity = W3-W1	
W2-W1+W3-W4	
Water Absorption = ${W5 - (W3-W1) \times 100}$	
W3-W1	
Remarks:	
Remarks: Name: Name:	

	QUAL	ITY ASSURANCE MANUAL	
PROJECT PMC CLIENT			
FORM NO: FM-CW-11		DATE:	
DTE OF TEST	DETERMINATION (OF 10% FINES VALUE (IS 2386)	
MATERIAL	:		
SOURCE	:		
SAMPLING POINT	:		
		Sample1	Sample2
WEIGHT OF TEST SAN	ΛPLE :		
LOAD INTONNES (X)	:		
PERCENTAGE OF FINE	PASSING		
2.36 MM SIEVE	:		
MEAN VALUE OF % F	INES (Y) :		
LOAD REQUIRED FOR	: 10 % FINES: (14 X x)) / (Y +4)	
Limits: Max Load 50 T	as per IS 383		
Remarks			
Name:		Name:	
Date:		Date:	

	QUA	LITY ASSURA	NCE MANUAL	
PROJECT PMC CLIENT				
CONTRACTOR				
FORM NO: FM-CW-12			DATE:	
	(CEMENT FINE	NESS TEST	
CEMENT MANUFACTURERE :				
TYPE OF CEMENT :		SAMPLE 1	SAMPLE 2	SAMPLE 3
WEIGHT OF CEMENT TAKEN (A)				
WEIGHT OF CEMENT RETAINED				
ON 90 MIC SIEVE IN GMS (B)				
% OF FINENESS = B / A x 100				
	Ave	erage value:		
PERMISSIBLE LIMITS :	NO ⁻	T MORE THAI	N 10%	
Name :				Name:
Date:				Date:

		QUALITY ASSU	RANCE MANUAL	•		
PROJECT						
PMC						
CLIENT						
CONTRACTOR						
FORM NO :-CW	-13			D	ATE:	
	CONSISTE	NCY, INITIAL & F	FINAL SETTING T	IME TESTS	5	
		(AS PER	IS 4031)			
				W	М	Υ
CEMENT MANU	FACTURERE					
TYPE OF CEMEN	ΙΤ					
GRADE						
Trial No.	Weight of	Water in cc	% of water	Time	Needle pe	netration
	Plan cement				in n	nm
	In gms					
		LIMITS (AS F	PER IS: 8112)			
SANDARD CONS	SISTENCY = (P) %					
INITIAL SETTING	TIME = Minut	ces				
FINAL SETTING	= Minu	tes				
SAMPLE CONFO	RMS / DO NOT C	CONFORMS TO I	.S REQUIREMEN	TS		
Name:				N	lame:	
Date:				D	ate:	

	QUAL	ITY ASSURANCE MANU	JAL		
PROJECT					
PMC					
CLIENT					
CONTRACTOR					
FORM NO :-CW	-14			DAT	E:
SOUNDNESS TEST OF CEMENT					
(AS PER IS CODE 4031)					
			W	M	Y
	15 4 6 7 1 1 5 5 5				
NAME OF MANUFACTURERE :					
TYPE OF CEMENT :					
STANDARD CONSISTENCY :					
WEIGHT OF CEMENT					
TAKEN (gm) :					
WATER TAKEN (ml) :					
Mould No.	Initial Distance (mm)	Final Distance (mm)	Differenc (mm)	e Ave	rage (mm)
1					
2					
PERMISSIBLE LIN	PERMISSIBLE LIMIT (AS PER IS 81120 – NOT MORE THAN 10MM				
	RMS / DO NOT CONFO				
Name:			N	ame:	
Date:			D	ate:	

QUALITY ASSURANCE MANUAL								
PROJECT PMC CLIENT CONTRACTOR	PMC CLIENT							
FORM NO :-CW	-15						DATI	Ε:
		CEMENT CO	MPRESSIVE S	STRENG	TH			
		(AS PI	ER IS 4031-19	988)				
					W		М	Y
TYPE OF CEMENT : DATE OF SAMPLING : DATE OF CASTING CUBES : CEMENT :\ SAND = $600 \text{ gm} (200 \text{GM OF gr I, II \& III})$ WATER = $\left(\frac{P}{4} + 3\right) \times \frac{800}{100}$ WHERE P = CONSISTENCY EXPRESS AS % AS PER FORM NCIF								
Testing often		Load at	Load at Compressive fracture Strength (N/mm)		,	Perm	issible lin 811	nits as per IS:
Testing after	Cube No	(T)	Individual	Avera			Grade 43	Remark
3 days Date	1 2 3							
7 days Date	4 5							
28 days	6 7 8							
Date	9							
Name:	SAMPLE C	ONFORMS / DO I	NOT CONFOR	RMS TO	IS REC	QUIREI Nan		
Date:						Date		

				QUA	QUALITY ASSURANCE MANUAL	CE MANUAL			
PROJECT PMC CLIENT CONTRACTOR	CTOR								
FORM NC	FORM NO: FM-CW-16							DATE:	
		BAR BENDI	ING SCHED	BAR BENDING SCHEDULE FORMAT	47			B.B.S	
S.NO	DESCRIPTION	SHAPE & size	DIA OF BAR	BAR MARK	NO OF MEMBERS	TOTAL NO OF BARS	C.L. IN 'M'	TOTAL LEMGTH IN 'M' DIA WISE	
						Total length in 'm'	th in 'm'		
						Total Wt in 'MT'	n 'MT'		
								Grande total In MT	_
NAME:							NAME:	.::	
DATE:							NAME		

	QULITY ASSURANCE MANUAL
PROJECT PMC CLIENT CONTRACTOR	

FORM NO: FM-CW-17 DATE:

INSPECTION REQUEST FOR ROLLING MARGIN – REINFORCEMENT STEEL Reference Tag No.: Diameter of Reinforcement steel: Weight of lot received (in Date of Receipt MT): Reference Invoice No.: Veh No: Length of Sample Weight (Kgs) % Difference Remark (m) (b) (c)=(a+b)/2(a) Sample 1 Sample 2 Sample 3 Total For samples= Average weight per meter length =

Total weight of lot=	MT	1
Standard Weight per meter	Kg/m	2
Actual weight per meter	Kg/m	3

Rolling Margin=	%	(((3)-(2))/(3)))X100%(4)
Wt for Reconciliation		((1)-(1)X(4)/100))
-		

Tolerance on Nominal Mass as per CPWD:

Remarks:

	Tolerance on the nominal mass percent					
Nominal Size in mm	Batch	Individual sample	Individual sample for coils			
a) uptp and including 10mm	±7	±8	±8			
b) over 10mm, upto and including 16mm	5	-6	6			
c) over 16mm	±3	-4	±4			

Name:	Name:

		QULITY	ASSURANCE MANUAL		
PROJECT PMC CLIENT CONTRA	CTOR				
FORM NO	D: FM-CW-18			DATE:	
		р	H VALUE TEST		
S.NO	Source	Test for	Date of Test	pH Value	Remarks
Limits:					
F	or water	= More tha	an 6.00 (As per IS: 4	56)	
F	or Admixture =	Between 6.00 to	9.00 (As per IS: 910)	3)	
Name:				Name:	
Date:				Date:	

	QULITY ASS	SURANCE MAN	UAL		
PROJECT PMC CLIENT CONTRACTOR					
FORM NO: FM-CW-19	ı		DATE:		
	DETERMINATIO	ON OF BULK	DENSITY		
DATE OF TEST :					
MATERIAL	:				
SOURCE	:				
SAMPLING POINT	:				
Weight of Container (W1) kg)					
Weight of Container + Material (W2) kg					
Volume of Container (V) M3				
Bulk Density (kg/cum)	((W2-W1)/V)				
		•			
Remarks					
Name:				Name:	
Date:				Date:	

FORM NO: FM-CW-20	DA	TE:
	CONCRETE REQUESTION SLIP	
то,		
QA/QC In-charge / Plant In-cha	rge	
Please supply following grade o	of concrete forproject. Others deta	ails are as under
Concrete Grade;	Slump required	
Min Cement:	No of cubes required	
Quantity (cum):	Location :	
	Required Time:	
Requested By	Approved By	Received By
Site Engineer	QA.QC Engineer / In-charge	Plant In-charge
Time :	Time:	Time:
Date:	Date:	Date:

FORM NO: FM-CW-21	DATE:
	CONCRETE DELIVERY CHALLAN
Date:	Concrete Grade:
Truck No:	Cement Content:
Location of Pour:	W/C ratio:
Batching start time:	Max size agg.
Batching finish time:	admixture(Type &dose)
Quantity(cum)	Concrete temp at site:
No of cubes taken at B.P.	slump at B.P.
Arrival of truck at site	Ambient temp:
Discharge started:	Concrete temp at site:
Placement completed (Time):	Slump at sitemm. Time
No of cubes taken at site:	Admixture redosed after redoes

<u>Plant Engineer</u> <u>Site Engineer</u>

Date: Date:

OLILITY ASSI	IRANCE MANUA			
PROJECT PMC CLIENT CONTRACTOR		-		
PART 4.11.2: QUALITY RECORDS				
SECTION –A: CONCRETING WORKS				
CONCRETE	POUR CARD			
FORM NO: FM-CW-22				
Inspection Date:		lo.:		
RFI Ref. Date:		on:		
PCWI (FM-CW-01) Date:	Concre	te Grade:		
Concreting Element:	Concre	ete Qty:		
Concrete start Time:	Concre	Concrete Finish Time:		
(1) Details of Concreting element: Dimensions a	and Grids			
(2) Other checks carried out	Checked by	Remarks		
a) Survey Points Checked	onconed by	THE		
b) Form work checked				
c) Placing of Steel reinforcement checked				
d) Quantity of reinforcement checked (Ref. to BBS (FM-CW-19))				
e) Cover block and thickness of pour				
f) Provision of M&E services checked				
g) Concreting arrangements checked				
h) safety arrangements checked				
	Inspe	cted and Permitted for concreting		
Name:		Dame:		
Date:		Date:		

		QULIT	Y ASSURANCE	MANUAL		
PROJECT PMC CLIENT CONTRACTO	R					
PART 4.11.2:	QUALITY REC	CORDS				
		SIEVE ANALY	SIS COARSE AG	GGREGATE 6	53-45	
SECTION – A : Ir		uest for concre	ete works			
ORM NO: FM-0						
Reference : CPV	VD Specificat	ion				
ate of Reciept		Soi	urce Name:			
ate of Testing:		Loc	cation:			
uantity of Sam	nple:					
Sieve sizes	Mass Retained (Gms)	Cumulative Mass Retained (Gms)	Percentage Retained (%)	Total Passing (%)	Percentage Passing for acceptable limits (As Per CPWD)	Remarks
90mm					100	
63mm					85-100	
53mm					25-75`	
45mm					0-20	
22.4mm					0-5	
Remarks:						
nspected by : <i>Rep</i>					pproved by: Consultant	
lame:						

Date:....

Date:.....

		QULITY A	SSURANCE MAN	IUAL		
PROJECT PMC CLIENT CONTRACTO	OR					
	S	IEVE ANALYSIS C	OARSE AGGREG	ATE 13.2MN	VI	
PART 4.11.2: Q	UALITY RECOR	DS				
SECTION – A : I	nspection requ	est for concrete	works			
FORM NO: FM	-CW-07b					
Reference : CP	WD Specification	on				
Date of Reciep	t:	Sourc	e Name:			
Date of Testing	g:	Locat	ion:			
Quantity of Sai	mple:					
Sieve sizes	Mass Retained (Gms)	Cumulative Mass Retained (Gms)	Percentage Retained (%)	Total Passing (%)	Percentage Passing for acceptable limits (As Per CPWD)	Remarks
13.2 mm					100	
11.2 mm					95-100	
5.6 mm					15-35`	
280 mic					0-10	
Remarks:						
Inspected by :						
	ame:					

PLUMBING SYSTEM

PROJECT:						
PMC						
CLIENT:						
CONTRACTOR:						
PART 4.11.2:QUALITY RECORDS						
SECTION-L: INSPECTION REQUEST FORMS	FOR PLUMBING SY	'STEM				
INSPECTION F	REQUEST FOR PIP	EWORK				
FORM NO: FM-PBW-01						
Inspection Date: Time:	Sub	-con:				
Drawing Ref: Floor:	Loca	ation:				
Make:						
DESCRIPTION	ACCEPTED	NOT	REMARKS			
		ACCEPTED				
Materials to specification.						
Support brackets/hangers & fixings						
Joints-no visible signs of leaks						
Allowance for expansion						
Painting / coating & colour coding						
Insulation type & installation						
Identification labeling / marking						
Direction of flow arrows						
Pressure testing						
Cleanliness & rubbish cleared away						
REMARKS:						
REIVIARKS:						
Inspected by:		Appro	ved by:			
Name:						
Date:						

			QUALITY	'ASSURANC	E MANUAL		
PROJECT:							
PMC							
CLIENT:							
CONTRACTOR:							
PART 4.11.2: Q	UALITY R	ECORDS					
SECTION-L: INS	PECTION	REQUEST	FORMS FOR	R PLUMBING	SYSTEM		
	TEST F	REPORT FO	OR PIPEWOR	RK LEAKAGE	& PRESSURE	TESTING	
FORM NO: FM	-PBW-02						
Location/Floor			-	S	ub-con		
Zone:			_	Р	age No:	Of	
Drawing Ref: _				li	nspection Dat	e:	
Test Required:				С	Ouration:		
Media:				Р	essure:		
Allowable Pres	sure Drop	o:		Т	ime:		
Procedure:							
Tools & Equipn	nent Used	d :					
DURATION	Time	Time	Pressure	Pressure	Pressure	Results	REMARKS
	Start	End	Start	End	Difference	(A / R)	
Any leaks found	d?	Г			Yes/ No)		
REMARK:		L					
INSPECTION							
ACCEPTANCE							
Signature:							
Representative							
Involved							
Name:							
Date:							

QUALITY ASSURANCE MANUAL

PROJECT:					
PMC					
CLIENT:					
CONTRACTOR:					
PART 4.11.2:QUALITY RECORDS					
		CTEN A			
SECTION-L: INSPECTION REQUEST FORMS	FOR PLUMBING SY	'STEIVI			
INSPECTION REQUEST	Γ FOR VALVES. GA	UGES & PUMPS			
FORM NO: FM-PBW-03					
Inspection Date: Time:	Sub	-con:			
Drawing Ref: Floor:	Loca	ation:			
Make:					
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS		
Correct sizes, type, make & model. Model:					
Inspected by		Approved by:			
Inspected by:		Approved by:			
Name:		Name:			
Date:		Date:			

QUALITY ASSURANCE MANUAL

PROJECT:					
PMC					
CLIENT:					
CONTRACTOR:					
PART 4.11.2: QUALITY RECORDS					
SECTION-L: INSPECTION REQUEST FORM	AS FOR PLUMBING S	YSTEM			
INSPECT	ION REQUEST FOR T	ANKS			
FORM NO: FM-PBW-04					
Inspection Date: Time:	Sub	-con:			
Drawing Ref: Floor:	Loc	ation:			
Make:					
DESCRIPTION	ACCEPTED	NOT	REMARKS		
DESCRIPTION	ACCELLED	ACCEPTED	MEIVIAMIO		
Materials to specification.					
Type, size, capacity& dimensions					
Туре:					
Capacity:					
Dimensions:					
Support & platform details					
Leaks & water-tightness					
Supply connections Distributions connections					
Ball valves, stopcocks etc.					
Protection / painting / coating					
Cover / insulation					
Water levels indicator & level electrode					
and control wiring.					
Overflow connection & drain					
Cleanliness & rubbish cleared away					
REMARKS:					
Inspected by:		Approv	ved by:		
Name:		Name:			
Date:		Date:			

QUALITY ASSURANCE MANUAL

EITT ASSONANCE II	MANOAL	
FOR PLUMBING SY	YSTEM	
N REQUEST FOR F	PUMPS	
Sub	-con:	
	ation:	
ACCEPTED	NOT	REMARKS
7,002,725		
	٨ ـــ م ٠٠ - ٠	and but
	Approv	reu by:
	Name:	
	Date:	
	FOR PLUMBING SY N REQUEST FOR F	ACCEPTED NOT ACCEPTED Approv

QUAI	LITY ASSURANCE N	//ANUAL				
PROJECT:						
PMC						
CLIENT:						
CONTRACTOR:						
PART 4.11.2:QUALITY RECORDS						
SECTION-L: INSPECTION REQUEST FORMS	FOR PLUMBING SY	YSTEM				
INSPECTION REQUEST FOR (CABLE TRAYS, TRUN	KING & CONDUCTING	i			
FORM NO: FM-PBW-07						
Inspection Date: Time:	Sub	-con:				
Drawing Ref: Floor:	Loc	ation:				
Make:						
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS			
Materials to specification. Mechanical damage to materials Hangers/brackets/ fixing to trunking/ trays Fixing to structure Jonts, couplers & junction. Earth bonding & continuity at joints. Galvanizing touched up Painting correct colour & complete Cables installation & dressing Cleanliness & rubbish cleared away REMARKS:						
Inspected by:		Annroy	ed hv:			
Approved by: Name: Name:						

Date:.....

Date:....

QUALITY ASSURANCE MANUAL PROJECT: PMC CLIENT: CONTRACTOR: PART 4.11.2:QUALITY RECORDS SECTION-L: INSPECTION REQUEST FORMS FOR PLUMBING SYSTEM

SECTION-L: INSPECTION REQUEST FORMS FOR PLUMBING SYSTEM						
INSPECTION REQUEST FOR E	LECTRICAL CONNEC	CTION OF EQUIPMEN	TS			
FORM NO: FM-PBW-08						
nspection Date: Time: Sub-con:						
Drawing Ref: Floor:	Loc	ation:				
Make:						
DESCRIPTION	ACCEPTED	NOT	REMARKS			
		ACCEPTED				
Materials to specification						
Name plate, labeling & danger signs						
Cables lugs & terminal tightness						
Size, type & rating of cables						
Damage / minimum bending radius to cable						
Earthing of equipment & casing						
Cables installation & dressing						
Cleanliness & rubbish cleared away						
REMARKS:						
Inspected by: Approved by:			ved by:			
Name:	Name:					
Date:						

QUALITY ASSURANCE MANUAL PROJECT: **PMC CLIENT:** CONTRACTOR: PART 4.11.2: QUALITY RECORDS SECTION-L: INSPECTION REQUEST FORMS FOR PLUMBING SYSTEM **INSPECTION REQUEST FOR SWITCH BOARDS & CONTROL PANELS** FORM NO: FM-PBW-09 Inspection Date:..... Time:..... Sub-con:.... Drawing Ref:.... Floor:.... Location:.... Make:..... **DESCRIPTION ACCEPTED** NOT **REMARKS ACCEPTED** Materials to specification 7 shop drawings. Name plate, labeling & danger signs Cabinet size, finish colour, damage etc. Housing & enclosure protection Installation & fixing to structure Relays, circuit breakers & fuses. Wiring neat & tidy Warning & operation lights Instruments & control/circuit boards Cleanliness & rubbish cleared away **REMARKS:**

Inspected by:

Name:.....

Date:.....

Approved by:

Name:....

Date:.....

MISC WORKS

QUALITY ASSI	JRANCE MANUAL		
PROJECT PMC CLIENT CONTRACTOR			
FORM NO. FM-RWI-01		Date:	
REQUEST FOR W	ORK INSPECTION		
TO:	RWI:		
UBMITTED BY:	SIGN:		
We will be doing the following work:			
QC Sampling QC Lab/site Testing			
Survey setting out			
Piling works			
RCC works			
Architectural work			
Water proofing works			
BLOCK: A B		D	E
FLOOR LEVEL:	GRID LINE:		
DATE:	TIME:		
Remarks:			
Acknowledge Received By: Name: Date:	Sign	า:	

QUALITY A	SSURANCE MANUAL
PROJECT PMC CLIENT CONTRACTOR	
PART 4.11.2: QUALITY RECORDS SECTION – 1:MISC. WORKS	FORM NO: FM-APV-01
MATERIAL APPROV	/AL SUBMITTAL FORM
A) Material Name & Description:	
B) Location to be used:	
C) Type of Service:	
D) Material Specification as per BOQ/Contract S	Spec./Dwgs:
E) Manufacturer's Name:	
F) Sample submission details:	
Number of sample:	
REMARKS :	
Submitted By:	
NAME: SIGNAT	URE:
DATE:	
APPROVAL STATUS: Approved	Not Approved
COMMENTS:	
SIGNATURE:	DATE:

Sample Submission for Approval

Form No: FM-APV-02

Sample no:	
Material:	
Location:	
Project title:	
Submission by:	
Signature/date:	
Submission to:	
Approved by:	
Submission to	
Approved by:	

FM	-TC	-06a
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DT. NO:	
DATE:	
JOB REF:	

QUALITY PLAN TRANSLTTAL

TO: THE TEAM LEADER ATTN:			YOU	R REF: JR REF: ME OF DJECT		
NO. DOC. OR DRWG. NO	D REV	QUAN ⁻	PRINTS	DESCRI	PTION	STATUS
1 APPROVED 2 EXAMINED & RETURNED WITH COMMETNS	5	FOF	RWARD PLA		10	DESIGN DISTRIBUTION
3 FOR APPROVAL OR COMMENTS 4 ADVANCE INFORMATION	8] FII	REQUESTEC	OS	12	ENDERING/QUOTATION CONSTRUCTION
CHARGE TO CLIENT CHARGE TO ADDRESSEE NOT CHARGABLE CASH PAYMENT		ISSUE NAME DATE	:		RECEIVED NAME :DATE :	вү:

		<u>N</u>	<u>1ETHO</u>	D STATE	MENT TRAI	NSLTTAL		
TO: THE TEA	M LEADER			OU	R REF:			
				YO	UR REF:			
ATTN:					ME OF DJECT			
NO.	DOC. OR DRWG.	NO	REV	QUAN	TITY	DESCRIPTION	I	STATUS
				NEG	PRINTS	_		
NOTE: THE S	STATUS OF THE AABO	OVE D	OCUM	ENT OR	DRAWINGS	IS INDICATED I	IN THE FINAL C	COLUMN (SEE KI
1	APPROVED	5	FC	ORWARE	PLANNING	9	DESIGN	
L ²	EXAMINED & RETURNED WITH	6	FO	OR REVIE	EW	10	DISTRIBUT	TON
3 F	COMMETNS FOR APPROVAL OR COMMENTS	7	AS	S REQUE	STED	11	TENDERIN	G/QUOTATION
14 1	ADVANCE NFORMATION	8	FI	NAL REC	CORDS	12	CONSTRU	JCTION
CHARGE TO) CLIENT			ISSUE	D BY:	RE	CEIVED BY:	
CHARGE TO ADDRESSEE		NAME	:	NAME				
NOT CHARG	GABLE			DATE	:	D/	ATE	_
CASH PAYN	1ENT							

FM-TC-06b

DT. NO:

DATE:

JOB REF:

FM-TC-06c
DT. NO:
DATE:
JOB REF:

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TO: THE TEAM LEADER					OUR	REF:				
					YOUI	R REF:				
АТТ	N:				NAM PROJ					
NO.	DOC. OR DRWG. NO	REV	QUAN	TITY		DESCRIPT	ION			STATUS
			NEG	PRII	NTS					
NOTE: T	<u></u>	OVE DO					DICATED	IN THE		EE KEY
	1 APPROVED		5	FORV	WARD	PLANNING	į	9	DESIGN	
	2 EXAMINED & RETURNED WITH COMMETNS		6	FOR	REVIE\	V	-	10	DISTRIBUTION	
	FOR APPROVAL C	DR [7	AS RI	EQUES	TED		11	TENDERING/QUC	TATION
	4 ADVANCE INFORMATION		8	FINA	L RECO	ORDS		12	CONSTRUCTION	
	ARGE TO CLIENT					BY:			EIVED BY:	
СН	ARGE TO ADDRESSEE			N/	AME	<u>:</u>		NAN	1E	
NO	T CHARGABLE			DA	ATE	<u>:</u>		DAT	E	
CA	SH PAYMENT									

FM-TC-06d DT. NO: DATE: JOB REF:

	SAMI	PLE SUBM	ISSION TR	ANSLTTAL	
TO: THE TEAM LEADER		OU	IR REF:		
		YO	UR REF:		
ATTN:			ME OF OJECT		
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NO. DOC. OR D	RWG. NO REV	QUANT	TITY	DESCRIPTION	STATUS
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OTE: THE STATUS OF THE A ELOW) APPROVED EXAMINED & RETURNED W COMMETNS FOR APPROVA	5 /ITH 6		D PLANNIN EW	NG 9 10	DESIGN DISTRIBUTION TENDERING/QUOTATION
3 COMMENTS	7 <u>7</u>	713 NEQUI		11	rendemno, qua minor
4 ADVANCE INFORMATIO	N 8	FINAL RE	CORDS	12	CONSTRUCTION
CHARGE TO CLIENT		ISSUE	D BY:	REC	EIVED BY:
CHARGE TO ADDRESSEE		NAME	:	NAN	ИЕ
NOT CHARGABLE		DATE	:	DAT	E
CASH PAYMENT					

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то	: THE TEAM LEADER			OUR	REF:					
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NO.	DOC. OR DRWG. NO	REV	QUAN	TITY	DESCE	RIPTION				STATUS
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			NEG	PRINTS						
NOTE: BELOV	ADDROVED	OVE DO		NT OR DRAV FORWARD				E FINAL (DESIG	·	SEE KEY
L	1 APPROVED		5				9	220.0		
	2 EXAMINED & RETURNED WITH COMMETNS		6	FOR REVIE	W		10	DISTR	IBUTION	
	3 FOR APPROVAL C	PR [7	AS REQUES	TED		11	TENDE	ERING/QUO	DTATION
	4 ADVANCE INFORMATION		8	FINAL RECO	ORDS		12	CONS	STRUCTION	I
Cł	HARGE TO CLIENT			ISSUED	BY:		REC	EINED B	Y:	
CI	HARGE TO ADDRESSEE			NAME	:		NAN	ΛΕ		
N	OT CHARGABLE			DATE	<u></u>		DAT	ΓE		
CA	ASH PAYMENT									

G. HVAC SYSTEM

	G. HVACSY	SIEIVI	
QUALI	TY ASSURANCE MAN	UAL	
PROJECT PMC CLIENT CONTRACTOR			
PART 4.11.2:QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS	S FOR HVAC SYSTEN	1	
INSPECTIO	ON REQUEST FOR DUC	CTING	
FORM NO: FM-ACW-01			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loc	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Materials to specification			
Size and dimensional check			
Assembly and jointing			
Joints sealants and gaskets			
Hangers fixings to structure			
Hangers and brackets			
Corrosion protection/painting			
Duct penetrations through walls			
Installation of balancing dampers			
Cleanliness and rubbish cleared away			
DENMA DI/C.			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

DOCT EARTHOUGHE DECONCERNATION OF COLOOL IN MEDAL

QUALITY ASSURANCE MANUAL

PROJECT PMC CLIENT CONTRACTOR

PART 4.11.2:QUALITY RECORDS

SECTION-J: INSPECTION REQUEST FORMS FOR HVAC SYSTEM

INSPECTION REQUEST FOR THERMAL & ACOUSTIC INSULATION **FORM NO: FM-ACW-02** Inspection Date:..... Time:...... Sub-con:..... Drawing Ref:.... Floor:.... Location:.... Make:..... **DESCRIPTION** NOT **ACCEPTED REMARKS ACCEPTED** Materials thickness & type to spec. Fixing pins to ducting Insulation joints & installation Foil joints, laps & installation Installation around duct accessories Protection to insulation from external works Cleanliness and rubbish cleared away **REMARKS:** Inspected by: Approved by: Name:..... Name:..... Date:..... Date:....

POST EARTHQUAKE F	RECONSTRUCTIO	N OF SCHOOL IN I	NEPAL			
QUALIT	TY ASSURANCE MAN	UAL				
PROJECT PMC CLIENT CONTRACTOR						
PART 4.11.2:QUALITY RECORDS						
SECTION-J: INSPECTION REQUEST FORMS	FOR HVAC SYSTEN	1				
INSPECTION REQUEST FOR THERMAL & ACOUSTIC INSULATION						
FORM NO: FM-ACW-03						
Inspection Date: Time:	Sub	-con:				
Drawing Ref: Floor:	Loc	ation:				
Make:						
DESCRIPTION	ACCEPTED	NOT	REMARKS			
		ACCEPTED				
Materials type, size & finish to spec.						
Correct location of outlet						
Connection to ducting						
Secure fixing & supporting						
Finishing around installed outlet						
Cleanliness and rubbish cleared away						
REMARKS:						
Inspected by:		Approved by:				

B Page 78

Name:.....

Date:.....

Name:....

Date:....

QUALITY	ASSURANCE MANU	AL				
PROJECT PMC						
CLIENT						
CONTRACTOR						
PART 4.11.2:QUALITY RECORDS						
SECTION-J: INSPECTION REQUEST FORMS	FOR HVAC SYSTEM	1				
INSPECTION REQUEST FC	OR THERMAL & ACO	USTIC INSULATION				
FORM NO: FM-ACW-04						
Inspection Date: Time:	Sub	-con:				
Drawing Ref: Floor:	Loca	ation:				
Make:						
DESCRIPTION	ACCEPTED	NOT	REMARKS			
		ACCEPTED				
Materials type, make & model to						
specification & shop drawings.						
Fitting installation of damper						
Access opening to damper						
Labeling & identification						
Motor installation & power connections						
Open/close functioning						
Air Leakage						
Controls						
Cleanliness and rubbish cleared away						
REMARKS:						
Inspected by:		Approved by:				
Name:		Name:				
Date:		Date:				

Drawing Ref: Inspection Date: Test Required: Duration: Media: Pessure: Allowable Pressure Drop: Time: Procedure: Tools & Equipment Used :										
CLIENT CONTRACTOR PART 4.11.2:QUALITY RECORDS SECTION-J: INSPECTION REQUEST FOR MS FOR HVAC SYSTEM INSPECTION REQUEST FOR THERMAL & ACOUSTIC INSULATION FORM NO: FM-ACW-05A Location/Floor: Zone: Page No: Of Inspection Date: Test Required: Duration: Media: Pessure: Allowable Pressure Drop: Time: Tools & Equipment Used: DURATION Time Time Pressure Pressure Results REMARKS Start End Start End Difference (A / R) Any leaks found? (Yes/ No)	PROJECT			QUALITY	' ASSURANCE	MANUAL				
PART 4.11.2:QUALITY RECORDS SECTION-J: INSPECTION REQUEST FORMS FOR HVAC SYSTEM INSPECTION REQUEST FOR THERMAL & ACOUSTIC INSULATION FORM NO: FM-ACW-05A Location/Floor: Sub-con Zone:	1									
PART 4.11.2:QUALITY RECORDS SECTION-J: INSPECTION REQUEST FORMS FOR HVAC SYSTEM INSPECTION REQUEST FOR THERMAL & ACOUSTIC INSULATION FORM NO: FM-ACW-05A Location/Floor: Sub-con Zone:										
INSPECTION REQUEST FOR THERMAL & ACOUSTIC INSULATION FORM NO: FM-ACW-05A Location/Floor: Sub-con Of										
FORM NO: FM-ACW-05A Location/Floor: Sub-con	PART 4.11.2:Q	UALITY RE	CORDS							
Sub-con	SECTION-J: INS	SPECTION	REQUEST	FORMS FOR	R HVAC SYST	EM				
Location/Floor: Sub-con Zone: Page No: of Drawing Ref: Inspection Date:		INSP	ECTION RE	QUEST FOR T	HERMAL & A	COUSTIC INSUL	ATION			
Zone:	FORM NO: FM	-ACW-05	A							
Drawing Ref: Inspection Date: Test Required: Duration: Media: Pessure: Allowable Pressure Drop: Time: Procedure: Tools & Equipment Used : DURATION Time Time Pressure Pressure Pressure Results REMARKS Start End Start End Difference (A / R) Any leaks found? (Yes/ No)	Location/Floor	· <u> </u>			S	ub-con				
Test Required: Duration: Media: Pessure: Allowable Pressure Drop: Time: Procedure: Tools & Equipment Used : DURATION Time Time Pressure Pressure Results REMARKS Start End Start End Difference (A / R) Any leaks found? (Yes/ No)	Zone:			_	P	age No:	_of			
Media: Pessure: Allowable Pressure Drop: Time: Procedure: Tools & Equipment Used : DURATION Time Time Pressure Pressure Results REMARKS Start End Start End Difference (A / R) Any leaks found? (Yes/ No)	Drawing Ref: _			Inspection Date:						
Allowable Pressure Drop: Time: Procedure: Tools & Equipment Used : DURATION Time Time Pressure Pressure Results REMARKS Start End Start End Difference (A / R) Any leaks found? (Yes/ No)	Test Required:			Duration:						
Procedure: Tools & Equipment Used : DURATION Time Time Pressure Pressure Results REMARKS Start End Start End Difference (A / R) Any leaks found? (Yes/ No)	Media: _			Pessure:						
Tools & Equipment Used :	Allowable Pres	sure Drop	o:	Time:						
DURATION Time Time Pressure Pressure Pressure Results REMARKS Start End Start End Difference (A / R) Any leaks found? (Yes/ No)	Procedure:									
Start End Start End Difference (A / R) Any leaks found? (Yes/ No)	Tools & Equipr	nent Used	d :							
Start End Start End Difference (A / R) Any leaks found? (Yes/ No)										
Any leaks found? (Yes/ No)	DURATION	Time	Time	Pressure	Pressure	Pressure	Results	REMARKS		
		Start	End	Start	End	Difference	(A / R)			
	Any looks foun	43				Vos / No				
Water flowing OK? (Yes/ No)	Arry leaks round? (Yes/ NO)									
· · · · · · · · · · · · · · · · · · ·	Water flowing	OK?			(Yes/ No)				

QUA	LITY ASSURANCE M	ANUAL	
PROJECT PMC CLIENT CONTRACTOR			
PART 4.11.2: QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS I	FOR HVAC SYSTEM	1	
INSPECTION REQUES	T FOR VALUES, GAL	IGES & PUMPS	
FORM NO: FM-ACW-06			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loc	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Correct sizes, types, make & model.			
Installed in correct location & direction			
Fixings, mountings or plinths			
Connections			
Balancing & adjustments			
Power & control installation			
Pumps Shaft, coupling alignment			
Identification labeling / name plate			
Direction of flow arrows			
Painting, insulation & protection			
Cleanliness and rubbish cleared away			
REMARKS:			
Inspected by:		Approv	ad hv
Name:		Name:	
Date:		Date:	

QUAL	ITY ASSURANCE MA	NUAL	
PROJECT PMC CLIENT CONTRACTOR			
PART 4.11.2:QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS	FOR HVAC SYSTEN	1	
INSPECTION REQUEST	FOR THERMAL & AC	OUSTIC INSULATION	
FORM NO: FM-ACW-07			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:		ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
DESCRIF HON	ACCEPTED	ACCEPTED	IVEINIVIVS
Materials to specification.		ACCLITED	
Type, size, capacity & dimensions.			
Support & platform details			
Leaks & water-tightness			
Supply connections			
Ball valves, stopcocks etc.			
Protection / painting / coating			
Cover / insulation			
Water levels indicator & level electrode and control wiring.			
Overflow connection & drain			
Cleanliness and rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	•••

	QUALITY ASSURANCE MANUAL	
PROJECT		
PMC		
CLIENT		
CONTRACTOR		

PART 4.11.2: QUALITY RECORDS

SECTION-J: INSPECTION REQUEST FORMS FOR HVAC SYSTEM

DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS
Equipment make, model, type to spec. as per approved drawings.			
Plinth & vibration mounting			
Casing/enclosure fixing & protection			
Labeling & identification			
Checking of pipe connection			
Duct connection			
Electrical connection & controls			
Direction of rotation of motors			
Checking VFD			
Condensate drains			
Zone dampers			
Cooling coils			
Humidifiers			
Fan			
Reheat & preheat coils			
Filters & mixing boxes			
Insulation fixing, jointing & laps			
Cleanliness and rubbish cleared away			

ALITY ASSURANCE N	//ANUAL	
S FOR HVAC SYSTEN	1	
TION REQUEST FOR FA	ANS	
Sub	o-con:	
Loc	ation:	
ACCEPTED	NOT	REMARKS
	ACCEPTED	
	Appro	ved by:
	Name:	
	Date:	
	S FOR HVAC SYSTEM TION REQUEST FOR FA	ACCEPTED NOT ACCEPTED Approx

QU	JALITY ASSURANCE	MANUAL	
PROJECT PMC CLIENT CONTRACTOR			
PART 4.11.2:QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS	FOR HVAC SYSTEN	1	
INSPECTION RE	QUEST FOR FANS CO	DILS UNITS	
FORM NO: FM-ACW-10			
Inspection Date: Time:	Sub	o-con:	
Drawing Ref: Floor:		ation:	
Make:		ation	
DESCRIPTION	ACCEPTED	NOT	REMARKS
DESCRIPTION	ACCEPTED	ACCEPTED	REWARKS
Equipment make, model, type to spec. as per approved drawings		ACCLITED	
Vibration mounting & fixing			
Housing/casing fixing			
Duct connection			
Connecti0on to pipe work			
Condensate drain			
Blower / Fan			
Labeling & identification			
Electrical connection & controls			
Maintenance accessibility			
Cleanliness and rubbish cleared away			
	1	1	
REMARKS:			
Inspected by:		Appro	ved by:
Name:		Name:	
Date:		Date:	

QUAL	LITY ASSURANCE N	/ANUAL	
PROJECT PMC CLIENT CONTRACTOR			
PART 4.11.2:QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS	FOR HVAC SYSTEN	1	
INSPECTION REQUE	ST FOR CHILLERS &	CONDENSERS	
FORM NO: FM-ACW-11			
Inspection Date: Time:	Sub	o-con:	
Drawing Ref: Floor:	Loc	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS
Equipment make, model, type to spec. as per approved drawings Vibration mounting & fixing Housing/casing fixing Connection to pipe-work, valves, overflow Checking of Insulation Checking of Drain Pip Compressor Refrigerant Condenser Labeling & identification Electrical connection & controls Cleanliness and rubbish cleared away REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

QUAI	ITY ASSURANCE M	ANUAL	
PROJECT PMC CLIENT CONTRACTOR			
PART 4.11.2: QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS	FOR HVAC SYSTEM	1	
INSPECTION	REQUEST FOR COO	LING TOWERS	
FORM NO: FM-ACW-12			
Inspection Date: Time: Drawing Ref: Floor: Make:		-con: ation:	
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Equipment make, model, type to spec. as per approved drawings			
Vibration mounting & fixing			
Housing/casing fixing			
Connection to pipe-work, valves, overflow			
Water distribution			
Duct connection			
Checking of Water Leakage			
Fan			
Safety guards			
Labeling & identification			
Electrical connection & controls			
Cleanliness and rubbish cleared away			
DENANDIK	-		
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

QUAL	TY ASSURANCE MA	ANUAL	
PROJECT PMC CLIENT CONTRACTOR			
PART 4.11.2: QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS	FOR HVAC SYSTEM	1	
INSPECTION REQUEST FOI	R CABLES TRAYS, TI	RUNKING & CONDU	CTING
FORM NO: FM-ACW-13			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:		ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Materials to specification.			
Mechanical damage to materials			
Hangers/brackets/fixing to tunking/ trays			
Fixing to structure			
Joints, couplers & junction			
Earth bonding & continuity at joints.			
Galvanizing touched up			
Painting correct colour & complete			
Cables installation & dressing			
Cleanliness and rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

QUALITY	' ASSURANCE MAN	UAL	
PROJECT : PMC :			
CLIENT: CONTRACTOR:			
CONTRACTOR .			
PART 4.11.2: QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS	FOR HVAC SYSTEM	1	
INSPECTION REQUEST FOR I	ELECTRICAL CONNE	ECTION OF EQUIPM	ENTS
FORM NO: FM-ACW-14			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loca	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Materials to specification.			
Name plate, labeling & danger signs			
Cable lugs & terminal tightness			
Size, type & rating of cables			
Damage / minimum bending radius to cable			
Earthing of equipment & casing			
Cables installation & dressing			
Cleanliness and rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

QUALIT	ΓΥ ASSURANCE ΜΑ	ANUAL	
PROJECT: PMC: CLIENT: CONTRACTOR:			
PART 4.11.2: QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS I	FOR HVAC SYSTEM	1	
INSPECTION REQUEST F	OR SWITCH BOAF	RDS & CONTROL PAN	IELS
FORM NO: FM-ACW-15 Inspection Date: Time:	Suh	-con:	
Drawing Ref: Floor:		ation:	
Make:		G (1011)	
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS
Materials to specification & shop drawings.			
Name plate, labeling & danger signs			
Cabinet size, finish, colour, damage etc.			
Housing & enclosure protection			
Installation & fixing to structure			
Relays, circuit breakers & fuses.			
Wiring neat & tidy			
Warning & operation lights			
Instruments & control/circuit boards			
Cleanliness and rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

	QUALITY ASSURANCE MANUAL
PROJECT : PMC : CLIENT : CONTRACTOR :	

PART 4.11.2: QUALITY RECORDS

SECTION-J: INSPECTION REQUEST FORMS FOR HVAC SYSTEM

INSPECTION REQUEST FOR PUMPS			
FORM NO: FM-ACW-16			
Inspection Date:	Time:	Sub-con:	
Drawing Ref:	Floor:	Location:	
Make:			

DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Correct size, type, make & model Make:			
Model:			
Capacity:			
Head:			
Туре:			
Installed in correct location & direction			
Pumps shaft, coupling alignment			
Fixing, mounting or plinths			
Connections with pipe-work			
Name plate & identification labeling			
Direction of flow arrows			
Balancing & adjustments			
Isolating valves			
Gauges			
Gland drains			
Electrical connections & controls			
Painting, insulation & protection			
Instruments & control /circuit boards			
Cleanliness and rubbish cleared away			

ELECTRICAL SYSTEM

PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2:QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS F	FOR ELECTRICAL SY	YSTEM	
INSPECTION REC	DUEST FOR HT SW	ITCHGEAR	
FORM NO: FM-ELW-01			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loca	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Materials as per specification.			
Cabinet size, finish, colour, damage etc.			
Name plate, labeling and danger signs			
Cable entry and cabinet fixing			
Installation and functioning of instruments			
Secondary wiring, size, colour etc			
Interlock (mechanical/electrical) & switch gear			
Check fuses			
Check relays			
Checking of Earthing			
Cleanliness and rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2: QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS F	FOR ELECTICAL SYS	STEM	
INSPECTION REG	QUEST FOR TRAN	ISFORMER	
FORM NO: FM-ELW-02			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loca	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Materials to specification.			
Name plat and labeling			
Mechanical damage			
Housing or enclosure and protection			
Cable entry and installation/fixing			
Tripping facilities			
Earthing – use FM-ELW-04			
Cable lug and cable connections secure			
Checking of Earthing			
Cleanliness and rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

PROJE	ECT:				
PMC					
CLIEN.	Т:				
CONT	RACTOR:				
PART	4.11.2: QUALITY RECORDS				
SECTIO	ON-J: INSPECTION REQUES	ST FORMS FOR ELECTICA	AL SYSTEN	1	
		ION REQUEST FOR MAII SWITCHBOARD/DISTRIB			
FORM	I NO: FM-ELW-03				
Insped	ction Date:	Time:	Sub-con	:	
	0	Floor:	Location	າ:	
Make	:				
Item	Description		Inspecti	on	Remark
			Accept	Reject	
1.0	CABLE				
1.1	Incoming cable terminati	ion			
1.2	Outgoing cable terminati	ion			
1.3	Neutral cable				
1.4	Earth cable				
1.5	Control cable				
		-			
2.0	BREAKER & CONTRACTO	R			
2.1	Incoming Breaker:	Amp			
2.2	Outgoing Breakers:				
	No. (s)	-			
	No. (s)				
	No. (s)	-			
	No. (s)				
	No. (s)	Amp			

2.3

Contractor

3.0	PROTECTION			
3.1	Earth fault (IDMT) setting:			
3.2	ELCB/EF:AAmA			
3.3	CT:Ratio			
	ı		I	
4.0	INSTRUMENTATION			
4.1	Ammeter & Voltmeter			
4.2	Ammeter & Voltmeter selector switch			
4.3	Indicator lights			
4.4	Instrument fuses			
		•		
5.0	MISCELLANEOUS			
5.1	Circuit labeling, danger signs & name plate			
5.2	Circuit diagram			
5.3	Finish, damage etc.			
5.4	Earth bar & earth connection			
5.5	Cleanliness & rubbish cleared away			
				'
REMA	ARK:			
Inche	cted by	Λ.	annouad bu	
inspe	cteu by.	A	oproved by:	
Name	2:	N	ame:	
		Da	ate:	
Name	cted by:	N		

FOR ELECTICAL SYS	STEM	
REQUEST FOR EART	ГНING	
Sub	-con:	
Loca	ation:	
ACCEPTED	NOT	REMARKS
	ACCEPTED	
	Approved by:	
	Name:	
	Date:	
	REQUEST FOR EAR [*] Sub	ACCEPTED NOT ACCEPTED

QUALITY ASSURANCE MANUAL			
PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2:QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS F	FOR ELECTICAL SYS	STEM	
INSPECTION REQUEST FOR LIGH	IING, POWER ANI	O FITTINGS INSTA	LLATION
FORM NO: FM-ELW-05			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loca	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Materials to specification			_
Cable material, size and colour			
Light fitting type, number and size			
Position and installation of light fitting			
Power outlet type, number and size			
Circuit identification			
Position and installation of power outlet			
Switch type, position and installation			
Lighting control by switch/BAS			
Cleanliness and rubbish cleared away			
		L	
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2: QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS F	FOR ELECTICAL SYS	STEM	
INSPECTION REQUI	EST FOR EXTERN	AL LIGHTING	
FORM NO: FM-ELW-06			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loca	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Materials to specification			
Cable materials, size and colour			
Light fitting type, number and size In each circuit			
Cable installation in trenches or ducts Backfilling			
Lighting fitting finish & protection			
Position and installation of light Fitting			
Circuit and panels labeling & circuit identification			
Control of circuit by timers/BCS			
Cleanliness and rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2:QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS F	FOR ELECTICAL SYS	STEM	
INSPECTION REQUEST F	OR CABLE MANA	AGEMENT SYSTEM	1
FORM NO: FM-ELW-07			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loca	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Material to specification			
Install in accordance with approved Construction Drawing			
Correctness of brand, model & type			
Correctness of location & mounting			
Size and type of junction/service box			
Size of trunking			
All plugging			
Secure of installation			
Damage on material & galvanizing			
Cover, fly over & outlet plates			
Level with finish floor level			
Cleanliness and rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2:QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS I	FOR ELECTICAL SYS	STEM	
INSPECTION REQUEST FOR CA	BLES DUCTS, DRA	AW PITS AND MAI	NHOLES
FORM NO: FM-ELW-08			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loca	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Materials to specification			
Size, number and type of ducts			
Setting out, depth			
Duct joint check, bedding & backfill			
Duct bends to correct radius			
Blockages cleared & draw cords installed			
Manholes complete with watertight construction			
Draw cords tied & secure in manholes			
Cover and frame bedding details			
Cleanliness and rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

PART 4.11.2:QUALITY RECORDS

CONTRACTOR:

CLIENT:

PMC

PROJECT:

SECTION-	SECTION-J: INSPECTION REQUEST FORMS FOR ELECTICAL SYSTEM	EST FORMS	FOR ELEC	TICAL SYSTE	M								
				INSULATION RESISTANCE TEST FOR LV CABLES	N RESISTA	NCE TEST I	OR LV CAB	LES					
FORM NC	FORM NO: FM-ELW-09												
Main swit	Main switchboard/sub-switchboard/Distribution Board	າoard/Distri	bution Bo				Name:						
Location:.	Location:	Floor:			Inspection	on Date:	Inspection Date:		Time:				
Sub-contr	Sub-contractor:		i	Drawi	ng Ref:		Drawing Ref:		:				
Make:	Make:												
Circuit	No. x Core(C),	Cable Route	ute	Insulatio	Insulation Resistance (M Ω)	ce (M Ω)							
0 Z	Size(mm ⁻), Cable Type	From	To	R-Y	R-B	Y-B	R-N	N-Y	Z-Z	R-E	Y-E	B-E	N-E
REMARK:													
Inspected by:	by:						Appre	Approved by:					7
Name:	Name:						Name	Name:	:				
Date:	Date:						Date:	Date:	:				

PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2: QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS F	OR ELECTICAL SY	STEM	
EARTH RES	SISTANCE TEST SH	HEET	
FORM NO: FM-ELW-10			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Installation in accordance with drawings			
Earth conductors correct size			
Security of all terminations and joints/connection			
Earth cable insulation complete and correct colour			
Earth cable connection to removable equip. clamps tight with lock washers			
In place			
Earth chamber and cover			
Cleanliness and rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	····
Date:		Date:	

PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2:QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS	FOR ELECTICAL SY.	STEM	
INSPECTION	REQUEST FOR CC	NDUIT	
FORM NO: FM-ELW-11			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:		ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Installed in accordance with approved construction drawing			
Correctness of brand & type			
Damage on conduit			
Damage on Painting			
Correctness of location & mounting			
Marking			
Source of Installation			
Check earth cable link			
REMARKS:			
NEIWANNS.			
Inspected by:		Approved by:	
Name:		Name:	···
Date:		Date:	

PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2: QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS F	FOR ELECTICAL SY	STEM	
INSPECTION REQUEST	Γ FOR CABLE TR	AY & TRUNKING	
FORM NO: FM-ELW-12			
Inspection Date: Time:	Suk	o-con:	
Drawing Ref: Floor:	Loc	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Material to specification			
Mechanical damage to materials			
Fixing to structure			
Hangers/brackets/fixing to trunking /tray			
Joints, couplers & junctions			
Earth bonding & continuity at joints			
Galvanizing touched up			
Painting correct colour & complete			
Cables installed & tied properly			
Cleanliness & rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2: QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS F	FOR ELECTICAL SY.	STEM	
INSPECTION REQUEST FO	R LIGHTNING PR	OITECTION SYSTE	M
FORM NO: FM-ELW-14			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loc	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Material to specification			
Earth conductor correct size			
Earthing electrodes & connection clamps			
Fixing to structure			
Connection of Air terminal			
Location & height & location			
Ohm reading less than 10 Ohm			
Actual reading:			
Earth chamber & cover			
Cleanliness & rubbish cleared away			
		1	
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2:QUALITY RECORDS			
SECTION-J: INSPECTION REQUEST FORMS	FOR ELECTICAL SY:	STEM	
INSPECTION REQU	EST FOR TELEPH	ONE SYSTEM	
FORM NO: FM-ELW-16			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loc	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Material to specification			
Main distribution frame type, size, & installation			
Wiring & cabling, size & installation			
Sockets, type, position & installation			
Earthing – use form FM-ELW-04			
Correct phones & switch boards			
Programming of system complete			
Cleanliness & rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

FIRE FIGHTING SYSTEM

PROJECT: PMC CLIENT: CONTRACTOR: PART 4.11.2:QUALITY RECORDS SECTION-K: INSPECTION REQUEST FORMS	FOR FIRE FIGHTIN		
FORM NO: FM-FFW-01	C. I		
Inspection Date: Time:		-con:	
Drawing Ref: Floor:	Loca	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Material to specification			
Support brackets/hangers & fixings			
Joints-no visible signs of leaks			
Allowance for expansions			
Painting / coating & colour coding			
Insulation type & installation			
Identification labeling/marking			
Direction of flow arrows			
Pressure testing			
Cleanliness & rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

PROJECT: PMC CLIENT: CONTRACTOR: PART 4.11.2:QU	JALITY RI	ECORDS					
SECTION-K: INS	SPECTION	REQUES	T FORMS FO	R FIRE FIGHT	TING SYSTEM		
	TEST DE	DODT FO	D DIDEWODI	V I E A V A CE	& PRESSURE	TESTING	
	TEST KE	TOKITO	KTIFEWOKI	K LLAKAGI	a r KESSUKI	ETESTING	
FORM NO: FM	-FFW-02						
Location/Floor:	· 		_	S	ub-con		
Zone:			_	F	age No:	Of	
Drawing Ref: _				I	nspection Dat	e:	
Test Required:				0	Ouration:		
Media:					essure:		
Allowable Pres	sure Dro	o:			ime:		
Procedure:							
Tools & Equipm							
DURATION	Time	Time	Pressure	Pressure	Pressure	Results	REMARKS
	Start	End	Start	End	Difference	(A / R)	
				1 110	2	(**,**)	
Any leaks found	d?			(Yes/ No)		
REMARK:							
INSPECTION							
ACCEPTANCE							
Signature:							
Representative Involved							
Name:							
Date:							

PROJECT: PMC CLIENT: CONTRACTOR: PART 4.11.2: QUALITY RECORDS			
SECTION-K: INSPECTION REQUEST FORMS	FOR FIRE FIGHTIN	G WORK	
INSPECTION REQUEST FOR VAI	LVES, THERMOM	ETERS, GAUGES &	Ł PUMPS
FORM NO: FM-FFW-03			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loca	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Correct sizes, type, make & model.			
Model:			
Make:			
Capacity:			
Head:			
Installed in correct location/direction/			
Fixings, mountings or plinths			
Connections			
Balancing & adjustments			
Power & control installation			
Identification labeling / name plate			
Direction of flow arrows			
Painting, insulation & protection			
Cleanliness & rubbish cleared away			
REMARKS:			
Inspected by:		Approved by:	
Name:		Name:	
Date:		Date:	

QUAL	III ASSUNANCE IV	IANUAL	
PROJECT: PMC CLIENT: CONTRACTOR: PART 4.11.2:QUALITY RECORDS			
SECTION-K: INSPECTION REQUEST FORMS	FOR FIRE FIGHTIN	G WORK	
INSPECTION	REQUEST FOR T	ANKS	
FORM NO: FM-FFW-04			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loca	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS
Material to specification Type, size capacity & dimensions Type: Capacity: Dimensions: Support & platform details Leaks & water-tightness Supply connections Distribution connections Ball valves, stopcocks etc. Protection / painting /coating Cover / insulation Water levels indicator & level electrode and control wiring. Overflow connection & drain Cleanliness & rubbish cleared away			
REMARKS:			
Inspected by: Name:		Appro Name:	oved by:
Date:		Date:	

QUALITY ASSURANCE MANUAL **PROJECT: PMC CLIENT: CONTRACTOR:** PART 4.11.2:QUALITY RECORDS SECTION-K: INSPECTION REQUEST FORMS FOR FIRE FIGHTING WORK INSPECTION REQUEST FOR SPRINKLER HEAD & CO2/FM200 DISCHARGE NOZZLE **FORM NO: FM-FFW-05** Inspection Date:..... Time:..... Sub-con:.... Drawing Ref:..... Floor:.... Location:.... Make:.... **DESCRIPTION ACCEPTED** NOT **REMARKS ACCEPTED** Type, size & finish to spec. Location & connection to pipework

Painting & identification		
Cleanliness & rubbish cleared away		
REMARKS:		
Inspected by:	Appro	oved by:
Name:	Name:	
Date:	Date:	•••••

Direction of spray

Height compared to finished ceiling

PROJECT:						
PMC						
CLIENT:						
CONTRACTOR:						
PART 4.11.2:QUALITY RECORDS						
SECTION-K: INSPECTION REQUEST FORMS	FOR FIRE FIGHTING	G WORK				
INSPECTION REQUEST FOR BREEC	HING INLET, LAN	IDING VALVES & I	HYDRANTS			
FORM NO: FM-FFW-06						
Inspection Date: Time:	Sub-	-con:				
Drawing Ref: Floor:	Loca	ation:				
Make:						
DESCRIPTION	ACCEPTED	NOT	REMARKS			
		ACCEPTED				
Type, size & make to specification.						
Location & position						
Installation & fixing						
Connections to pipe-work\screw						
Screw threads & dust caps						
Valve handle free to turn						
Cabinet / glass door panel						
Painting, identification & labeling						
Cleanliness & rubbish cleared away						
REMARKS:						
Inspected by:		Appro	ved by:			
Name:		Name:				
Date:Date:						

PROJECT:						
PMC						
CLIENT:						
CONTRACTOR:						
PART 4.11.2:QUALITY RECORDS						
SECTION-K: INSPECTION REQUEST FORMS	FOR FIRE FIGHTIN	G WORK				
INSPECTION R	EQUEST FOR HO	SE REELS				
FORM NO: FM-FFW-07						
Inspection Date: Time:	Sub	-con:				
Drawing Ref: Floor:	Loc	ation:				
Make:						
DESCRIPTION	ACCEPTED	NOT	REMARKS			
		ACCEPTED				
Type, size, finish & material to specification.						
Location & position						
Installation & fixing of drum						
Connections to pipe work & swivel joints						
Damage to reel						
Drum free to rotate						
Damage to hose						
Hose nozzle (spray & jet) – shooting range						
Painting, identification & labeling						
Cleanliness & rubbish cleared away						
DENA DIC.						
REMARKS:						
Inspected by:		Appro	oved by:			
Name:		Name:	·····			
Date:		Date:				

PROJECT: PMC CLIENT: CONTRACTOR:			
PART 4.11.2:QUALITY RECORDS			
SECTION-K: INSPECTION REQUEST FORMS	FOR FIRE FIGHTIN	G WORK	
INSPECTION REQUEST FO	OR CO2 / FM200 S	TORAGE CYLINDI	ER
FORM NO: FM-FFW-08			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loc	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Type, size finish to specification.			
Туре:			
Size:			
Rating:			
Manifold connection			
Pressure regular			
Manufacture's test certificate supplied			
Support bracket for cylinder			
Storage cage			
Painting, identification & labeling			
Cleanliness & rubbish cleared away			
REMARKS:			
Inspected by:		Appro	ved by:
Name:		Name:	
Date:		Date:	

QUAI	LITT ASSURANCE IN	MANUAL	
PROJECT:			
PMC			
CLIENT:			
CONTRACTOR:			
PART 4.11.2:QUALITY RECORDS			
SECTION-K: INSPECTION REQUEST FORMS	FOR FIRE FIGHTIN	G WORK	
INSPECTION REQUEST FOR C	CABLE TRAY, TRU	INKING AND CON	DUITS
FORM NO: FM-FFW-09			
Inspection Date: Time:	Sub	-con:	
Drawing Ref: Floor:	Loc	ation:	
Make:			
DESCRIPTION	ACCEPTED	NOT	REMARKS
		ACCEPTED	
Materials to specification			
Mechanical damage to materials			
Hangers/ brackets/ fixing to trunking/ trays			
Fixing to structure.			
Joints, coupler & junction.			
Earth bonding & continuity at joints.			
Galvanizing touched up			
Painting correct colour & complete			
Cables installation & dressing			
Cleanliness & rubbish cleared away			
REMARKS:			
Inspected by:		Appro	ved by:
Name:		Name:	
Date: Date:			

PROJECT:				
PMC				
CLIENT:				
CONTRACTOR:				
PART 4.11.2:QUALITY RECORDS				
SECTION-K: INSPECTION REQUEST FORMS	FOR FIRE FIGHTIN	G WORK		
INSPECTION REQUEST FOR EL	ECTRICAL CONNE	CTION OF EQUIPM	ENTS	
FORM NO: FM-FFW-10				
Inspection Date: Time:	Sub	-con:		
Drawing Ref: Floor:	Loc	ation:		
Make:				
DESCRIPTION	ACCEPTED	NOT	REMARKS	
		ACCEPTED		
Materials to specification				
Name plate, labeling & danger signs				
Cable lugs & terminal tightness				
Size, type & rating of cables				
Damage/minimum bending radius to cable				
Earthing & casing				
Cables installation & dressing				
Cleanliness & rubbish cleared away				
REMARKS:				
Inspected by:		Approved by:		
Name:		Name:		
ate: Date:				

		–					
PROJECT:							
PMC							
CLIENT: CONTRACTOR: PART 4.11.2: QUALITY RECORDS SECTION-K: INSPECTION REQUEST FORMS FOR FIRE FIGHTING WORK							
							S
				INSPECTION REQUEST FOR	SWITCH BUARDS	& CONTROL PANEI	
				FORM NO: FM-FFW-11			
Inspection Date: Time:	Sub	-con:					
Drawing Ref: Floor:	Loca	ation:					
Make:							
DESCRIPTION	ACCEPTED	NOT ACCEPTED	REMARKS				
Materials to specification & shop drawings Name plate, labeling & danger signs Cabinet size, finish, colour, damage etc. Housing & enclosure protection Installation & fixing to structure relays, circuit breakers & fuses. Wiring neat & tidy Warning & operation lights Instruments & control/circuit boards Cleanliness & rubbish cleared away REMARKS:							
Inspected by:	Approved by:						
Name:	Name:						
Date:	Date						