

CONTRACTOR QUALITY CONTROL REPORT				DATE 11/2/2024	
(ATTACH ADDITIONAL SHEETS IF NECESSARY)				REPORT NO 90	
PHASE	CONTRACT NO. N40085-14-D-7745-0013		CONTRACT TITLE: Electrical Upgrade Bld.AS3905		
	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.				
	Schedule Activity No.	Definable Feature of Work			Index #
PREPARATORY					
INITIAL	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.				
	Schedule Activity No.	Definable Feature of Work			Index #
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present			
		specification section 26 00 00			
	A1120,1240,	no work performed			
	A1130				
		TA Woods Personnel Present			
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)		
Schedule Activity No.	Description		Schedule Activity No.	Description	
REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO"), Manul. Rep On-Site, etc.					
Schedule Activity No.	Description				
On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.					
xxx				11/2/2024	
AUTHORIZED QC MANAGER AT SITE				DATE	
GOVERNMENT QUALITY ASSURANCE REPORT				DATE	
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT					
GOVERNMENT QUALITY ASSURANCE MANAGER				DATE	