

CQC REPORT FORM (Cont'd)

3. Work performed today: (Indicate location and description of work performed by prime and subcontractors by letter in table above.)

4. Results of control activities: (Indicate whether P - Preparatory, I - Initial, or F - Follow-up Phase. When a P or I meeting is conducted, complete attachment 1-A or 1-B, respectively. When network analysis system is used, identify work by use of I-J numbers.)

5. Test performed as required by plans and/or specifications:

6. Materials received:

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7. Submittals Reviewed:

(a) Submittal No. (b) Spec/Plan Reference (c) By Whom (d) Action

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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Offsite surveillance activities, including action taken:

9. Job safety: (Report violations; Corrective instructions given; Corrective actions taken.)

10. Remarks: (Instructions received or given. Conflict(s) in Plans and/or Specifications.)

Contractor's Verification: On behalf of the Contractor, I certify this report is complete and correct, and all materials and equipment used and work performed during this reporting period are in compliance with the plans and specifications, to the best of my knowledge, except as noted above.

Authorized CQC System Manager Date