



**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 I-A or I-B, respectively. When network analysis system is used, identify work by use of I-J)

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

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**6. Materials received:**

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**7. Submittals Reviewed:**

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

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

**8. Offsite surveillance activities, including action taken:**

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

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CQM REPORT FORM (Con't)

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

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Contractor's Verification: On behalf of the Contractor, I certify this portion of the 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 CQM System Manager      Date

**GOVERNMENT QUALITY ASSURANCE REPORT**

- 1. Do you concur with the Contractor's Report for this period? \_\_\_ Yes \_\_\_ \*No
- 2. Did you observe any QC testing/inspections or perform any QA evaluations or verification of materials? \_\_\_ \*Yes \_\_\_ No
- 3. Were any instructions given to or information received from the Contractor? \_\_\_ \*Yes \_\_\_ No
- 4. Has anything developed on the work which, in your opinion, might lead to a change order or contract claim? \_\_\_ \*Yes \_\_\_ No
- 5. Safety Observations and General Comments/Remarks. (Use back of this form if more space is needed.) Answers to 1-4 above with an asterisk (\*) are to be explained below.

I certify that this report is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Government Quality Assurance Representative      Date