CONTRACTOR'S QUALITY CONTROL REPORT (QCR)	DATE:	REPORT No:

NAME OF CONTRACTOR:

CONTRACT No.: W911S2- -D-	TASK ORDER:	WORK ORDER:	TITLE:

PROJECT STATUS

Percent Actual Construction Complete:

Percent Scheduled Construction Completed:
(IAW Approved Progress Schedule)

(If the percent of actual construction is more than 5% less than the scheduled percent completion based on the approved task order progress schedule, explain in Block 5, Remarks, what affirmative steps will be taken in order to bring the project back into compliance with the progress schedule.)

SIGNIFICANT ISSUES: (Describe any issues that have been or need to be brought to the immediate attention of the Contracting Officer):

WEATHER CLASSIFICATION:
CLASS A: No Interruptions of any kind from weather conditions occurring this or previous shifts
CLASS B: Weather occurred during a shift that caused a partial stoppage of work
CLASS C: Weather occurred during a shift that caused a complete stoppage of all work
CLASS D: Weather excellent or suitable during shift but partially stopped work due to previous adverse weather
CLASS E: Weather excellent or suitable during shift but complete stopped or work due to previous adverse weather
OTHER (Explain in section 5)

WEATHER CONDITIONS:

Class: (if B, C, D, or E describe below what work tasks were affected by the weather conditions)

Temperature: Min: Max:

Precipitation:

Work Tasks Affected:

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY:

a.

b.

c.

d.

e.

f.

1. WORK PERFORMED TODAY: (*Indicate location and description of work performed refer to work by prime and/or subcontractors by letter in table above*)

2. TYPE AND RESULTS OF INSPECTION: (*Indicate whether: P- Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)*

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)	DATE:	REPORT No:

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3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: (*List any instructions given by Government personnel on construction deficiencies, retesting required, etc., with actions taken or planned)*

5. REMARKS: (*Cover any conflicts in plans, specifications, or instructions: acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for it. Note if a Preparatory or Initial Phase Meeting was held.)*

5. a. ENVIRONMENTAL QUALITY CONTROL
Environmental Quality Control Requirements are in place and have been checked? ☐ Yes; ☐ No; ☐Not Applicable (Describe any Deficiencies and Corrective Actions taken):

5. b. VISITORS TO THE SITE (*List the name of all official visitors to the site and who they represent i.e. State DEP, OSHA)*

6. SAFETY: (*Include all infractions of the accident prevention plan; COE Safety and Health Requirements Manual, EM 385-1-1; or instructions from Government QA personnel. Describe corrective actions taken.*)

Safety meeting held today: ☐ Yes, ☐ No (If Yes, state the subject and report number of personnel in attendance)
Safety meeting subject:
Number of Contractor personnel attending = Number of subcontractor personnel attending =

7. REQUESTS FOR INFORMATION: (*Note that there is an RFI attached to this daily report, assign a control number and attach a sheet to this report which fully describes the RFI and recommend a solution if applicable*.)

☐ RFI Attached; Control Number = (RFI's are also to be sent directly to MICC)

CONTRACTOR CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period complied with the contract except as noted above

Contractor's QC Manager Signature Date

GOVERNMENT QUALITY ASSURANCE REPORT (QAR)	DATE:	REPORT No:

NAME OF CONTRACTOR:

CONTRACT No.: W911S2- -D-	TASK ORDER:	WORK ORDER:	TITLE:

These section to be completed by the PW Engineering Construction Representative (ConRep), Project Manager (PM), and Contracting Officer's Representative/Alternate Contracting Officers Representative (COR/ACOR)

1. CONTACT WORK PERFORMED TODAY: (*Describe work performed by the Prime Contractor and subcontractors at any tier at the time of the surveillance inspection)*

2. CONTRACTOR QC FUNCTIONS: (*Describe work performed by the Prime Contractor and subcontractors at any tier at the time of the surveillance inspection)*

3. DEFICIENCIES*: (Describe any deficiencies in work completed. State who for the Prime Contractor was informed of the deficiencies)*

4. CONTRACTOR PERFORMANCE: *(Describe the overall performance of the project: workmanship; progression of the project; compliance with the approved progress schedule; effectiveness of the Contractor QC functions; etc.)*

Government ConREP:	
Print Name	**Signature/Date**

GOVERNMENT QUALITY ASSURANCE REPORT (QAR)	DATE:	REPORT No:

NAME OF CONTRACTOR:

CONTRACT No.: W911S2- -D-	TASK ORDER:	WORK ORDER:	TITLE:

These section to be completed by the PW Engineering Construction Representative (ConRep), Project Manager (PM), and Contracting Officer's Representative/Alternate Contracting Officers Representative (COR/ACOR)

5. GOVERNMENT PM COMMENTS:

Government PM:	
Print Name	Signature/Date

6. GOVERNMENT COR/ACOR COMMENTS:

Government ACOR/COR:	
Print Name	Signature/Date