CIVIL QUALITY CONTROL PLAN

REV:

CONTRACTOR: _____

Project Name: _____ Drawing no. _____

Building Description: _____ Portion: _____

1 SETTING OUT: _____ **IRB NO:** _____

	YES	NO	N/A	COMMENTS:
1.0 Bench Mark confirmation	☐	☐	☐	
1.1 SOP points set out	☐	☐	☐	
1.2 Length	☐	☐	☐	
1.3 Width	☐	☐	☐	
1.4 Diagonal messurement				

DATE: _____ **CONTRACTOR** _____ **SUPERVISOR** _____

2 EXCAVATION INSPECTION / DESCRIPTION: _____

	YES	NO	N/A	COMMENTS:
2.0 Excavation Permit in place	☐	☐	☐	
2.1 Alignment	☐	☐	☐	
2.2 Depth	☐	☐	☐	
2.3 Compaction Results received	☐	☐	☐	Specified Compaction Value:
2.4 DCP Test	☐	☐	☐	
2.5 Dump rock Installed	☐	☐	☐	Quantity:
2.6 Dump rock Compaction Results Received	☐	☐	☐	Deflection:

DATE: _____ **CONTRACTOR** _____ **SUPERVISOR** _____

3 PRE - CONCRETE INSPECTION: _____ **IRB NO:** _____

This sheet to be used for Bases; Plinths and walls seperatly

COMMENTS:

Base; Plinth or wall number: _____

	YES	NO	N/A	
3.0 Preparation done (blinding, plastic or compacted) existing concrete scabbled	☐	☐	☐	
3.1 Form work in place in good condition	☐	☐	☐	
3.2 Centre to centre of Shutters	☐	☐	☐	

3.3 Hold down Bolts in place				
3.4 Correct size of Hold clown Bolts				Specified Size:
3.5 Form work square				Diagonal Messurements:
3.6 Bolts aligned				
3.7 Centre to centre of bolts correct				
3.8 Height of bolts above T.O.C				Specified:
3.9 Form work Oiled				
3.10 Form work support stays sufficient				
3.11 Chamfers installed				
3.12 Re - inforcing installed				
3.13 Re - inforcing positioned correctly				
3.14 Re - inforcing spacing correct				Specified Size:
3.15 Type of re - inforcement (mild / high tenstile)				Specisied:
3.16 Re - infrocing Top & Bottom amounts				
3.17 Re - inforcing cover (position/sufficient/correct size)				Specified:
3.18 Form work area to be clean - free from rubbish/timber/tie wires				
3.19 Access for truck to site				
3.20 All areas Safely accessable				
3.21 Floating Finished				Specified:

DATE: **CONTRACTOR** **SUPERVISOR**

4 CONCRETE EQUIPMENT ON SITE: **IRB NO:**

	YES	**NO**	**N/A**	**COMMENTS:**
4.1 Laboratory on Site				
4.2 Slump tester on site				
4.3 Test cubes on site				
4.4 Workforce for area adequate				
4.5 Compacting equipment on site				
4.6 Safety pre cautions in place				
4.7 Placement of concrete by: (wheelbarrow's / shoot of trauck/skip's / pump)				

DATE: **CONTRACTOR** **SUPERVISOR**

5 CONCRETE REQUIREMENTS: **IRB NO:** **CONCRETE SUPPLIED BY:**

5.1 Total concrete quantity to be casted (m^3) _____

	MPA	Slump (mm)	Actual (mm)	Cubes per truck
5.3 1st Truck: Delivery note no:				
2nd Truck: Delivery note no:				
3rd Truck: Delivery note no:				
4th Truck: Delivery note no:				
5th Truck: Delivery note no:				
6th Truck: Delivery note no:				
7th Truck: Delivery note no:				
8th Truck: Delivery note no:				

	Estimated Strength	Slump (mm)	Actual (mm)	Number of cubes made
Made IN SITU				

DATE: **CONTRACTOR** **SUPERVISOR**

6 CURING: **IRB NO:**

6.1 Curing method _____

	YES	NO	N/A	COMMENTS:
6.2 Curing material on site & adequate	☐	☐	☐	
6.3 Curing compound on site	☐	☐	☐	
6.4 7 days results received	☐	☐	☐	
6.5 14 days results received	☐	☐	☐	
6.6 28 days results received	☐	☐	☐	
6.7 Post concrete inspection	☐	☐	☐	
6.8 Hand over date	☐	☐	☐	

DATE: **CONTRACTOR** **SUPERVISOR**

7 EQUIPMENT & CIVIL TEAM:

	YES	NO	N/A	COMMENTS:
7.1 Enough people to do the work	☐	☐	☐	
7.2 Foreman and Crew skills adequate	☐	☐	☐	

7.3 Compaction equipment enough to do the work	☐	☐	☐	
7.4 Standby compaction equipment available	☐	☐	☐	
7.5 Floating equipment available	☐	☐	☐	Specified:

DATE: **CONTRACTOR** **SUPERVISOR**

8 QUALITY CONTROL: **IRB NO:**

	YES	**NO**	**N/A**	**COMMENTS:**
8.1 Setting out signed off	☐	☐	☐	
8.2 Pre Survey inspection signed Off	☐	☐	☐	
8.3 Excavation signed off	☐	☐	☐	
8.4 Backfill Signed Off	☐	☐	☐	
8.5 Pre Concrete inspection Signed Off	☐	☐	☐	
8.6 Post Concrete inspection Signed Off	☐	☐	☐	
8.7 Post Survey inspection signed Off	☐	☐	☐	

DATE: **CONTRACTOR** **SUPERVISOR**