

CONTRACTOR'S QUALITY CONTROL REPORT (QCR) (ER 1180-1-6)		DATE:	REPORT NO:
CONTRACT NUMBER AND NAME OF CONTRACTOR:		DESCRIPTION AND LOCATION OF THE WORK:	
WEATHER: (Explain delays in Remarks Section)	TEMPERATURE: (°F) MAX _____ MIN _____	PRECIPITATION: (INCHES/TYPE)	
CONTRACTOR/SUBCONSTRUCTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: <i>(Attach list of items of equipment either idle or working as appropriate.)</i>			
a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____			
1. WORK PERFORMED TODAY: <i>(Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)</i>			
2. TYPE AND RESULT OF INSPECTION: <i>(Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)</i>			
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 action to be taken.)*

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 same.)*

6. SAFETY: *(Include any infractions of approved safety plan, safety manual or instructions from Government personnel. Specify corrective action taken.)*

CONTRACTOR'S 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 were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE