

# [CompanyName]

## Quality System Forms

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# QUALITY SYSTEM FORMS

## TABLE OF CONTENTS

[CompanyName] Superintendent Appointment Letter .....	4
[CompanyName] Quality Manager Appointment Letter .....	5
[CompanyName] Project Manager Appointment Letter .....	6
[CompanyName] Qualified QC Inspector List .....	7
[CompanyName] Project Personnel Qualification Form .....	8
[CompanyName] Personnel Certifications and Licenses.....	9
[CompanyName] Quality Controlled Work Task List .....	10
[CompanyName] Quality Inspection and Test Plan .....	11
[CompanyName] Inspection and Test Plan and Log .....	12
[CompanyName] Inspection and Test Report .....	13
[CompanyName] Project Quality Communications Plan .....	14
[CompanyName] Subcontractor and Supplier Quality Communications Plan .....	16
[CompanyName] Point of Contact List .....	17
[CompanyName] Project Quality Training Plan .....	18
[CompanyName] Training Plan .....	19
[CompanyName] Training Log .....	20
[CompanyName] Training Record .....	21
[CompanyName] Project Submittals Schedule and Log .....	22
[CompanyName] Project Submittal Form .....	23
[CompanyName] Change Order Form .....	24
[CompanyName] Project Design Review Plan .....	25
[CompanyName] Design Review Meeting Participant Form .....	26
[CompanyName] Design Review Form .....	27
[CompanyName] Project Regulatory Building Codes .....	28
[CompanyName] Controlled Materials Form .....	29
[CompanyName] Metals Material Receiving Inspection Report .....	30
[CompanyName] Material Inspection and Receiving Report .....	31
[CompanyName] Test Equipment Calibration Plan and Log .....	32
[CompanyName] Laboratory Qualification Form .....	33
[CompanyName] Subcontractor and Supplier Qualification Form .....	34
[CompanyName] Subcontractor and Supplier Certifications and Licenses .....	35
[CompanyName] Project Subcontractor and Supplier List .....	36
[CompanyName] Project Startup Meeting Form .....	37
[CompanyName] Work Task Quality Assurance/Quality Control Plan .....	38
PREPARATORY PHASE CHECKLIST .....	39
[CompanyName] Work Task Quality Control Planning Meeting Form .....	41
CONTRACTOR QUALITY CONTROL REPORT .....	42

[CompanyName] Daily Production Report .....	44
[CompanyName] Monthly Quality Control Report.....	45
INITIAL PHASE CHECKLIST .....	46
[CompanyName] Work Task Inspection Form.....	47
[CompanyName] Punch List .....	48
[CompanyName] Project Completion Inspection Form .....	49
[CompanyName] Nonconformance Report .....	50
[CompanyName] Nonconformance Report Control Log .....	51
[CompanyName] Corrective Action Report .....	52
[CompanyName] Project Quality System Audit Form .....	53
[CompanyName] Jobsite Quality Review Planning and Log Sheet .....	54
Jobsite Quality Review Planning and Log Sheet continued.....	55
Notes:.....	56
[CompanyName] Quality System Audit Form .....	57
[CompanyName] Project Quality Records Plan.....	58
[CompanyName] System Document Control Form .....	59
[CompanyName] Project Records Control Form .....	60

## [CompanyName] Superintendent Appointment Letter

Project ID	[ProjectNumber]
Project Name	[ProjectName]
Appointed Superintendent	[SuperintendentName]

Please be advised that you are hereby appointed as Superintendent for the above-referenced project. Regardless of your other duties, in the role of Superintendent I assign you responsible for:

- Verification that works performed by subcontractors and suppliers and [CompanyName] work crews conform to [CompanyName] quality standards.
- Ensuring that work meets government regulatory and code requirements, customer requirements, contract requirements, contract technical specifications, contract drawings, approved contract submittals, and company quality standards and specifications
- Ensuring that subcontractors and suppliers begin work in accordance with [CompanyName] start-work policies
- Ensuring that subcontractors and suppliers receive a notice to work only when conditions will not adversely affect quality results
- Conducting quality inspections, tests, and recording findings
- Accurately assessing subcontractor quality and on-time performance
- Ensuring that quality standards are achieved before approving subcontractor or work crew completion of work

I grant you unrestricted authority for carrying out the above responsibilities including:

- Stopping work when continuing work adversely affects quality or covers up a defect
- Prevent the use of equipment or materials that would adversely affect quality or cover up a defect
- To direct the removal and replacement of any non-conforming work, equipment, or material by [CompanyName], any subcontractor, or any supplier.
- Suspend work and/or supply of materials by any staff member, subcontractor personnel, or supplier as deemed necessary to assure quality results.

Senior Manager signature and date:

[SeniorManagerName] / [Date]

### COMPETENT PERSON STATEMENT

I am the designated Project Superintendent capable and competent to carry out the responsibilities and authority as stated above.

Project Superintendent signature and date:

[SuperintendentName] / [Date]

# **[CompanyName] Quality Inspection and Test Plan**

Project ID	Project Name	CONTRACTOR
[ProjectNumber]	[ProjectName]	[CompanyName]

[illegible]

[CompanyName] Change Order Form			
Change Order ID#	Project ID	Project Name	Preparer and Date
	[ProjectNumber]	[ProjectName]	
Requestor Name : _____  Date: _____  Request Reference Document: _____		Contract change requested by: <input type="checkbox"/> [CompanyName] <input type="checkbox"/> Client <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Project Manager <input type="checkbox"/> Code Enforcement Official <input type="checkbox"/> Other: _____	
Change order description:		Reason(s) for change order:   Supporting documentation provided:	
Time Extension Required: <input type="checkbox"/> Yes <input type="checkbox"/> No  Number of Days*: _____ Reason:   Supporting documentation attached:		Cost Change Required? <input type="checkbox"/> Yes <input type="checkbox"/> No  Amount* \$ _____ Reason:   Supporting documentation attached:	
Customer Approval:   Name/Date _____		[CompanyName] Approval:   Name/Date _____	

<b>[CompanyName]</b> <b>Subcontractor and Supplier Qualification Form</b>			
Company Name:		Scope of Work (specification sections):	
Project ID	Project Name	Approval	Approved By
[ProjectNumber]	[ProjectName]	<input type="checkbox"/> Yes <input type="checkbox"/> Conditional <input type="checkbox"/> No	
Subcontractor and Supplier Quality System: <input type="checkbox"/> Works under [CompanyName] Quality System <input type="checkbox"/> Approved to Work under subcontractor's quality system		Subcontractor and Supplier site quality inspection <input type="checkbox"/> Site quality inspection required before approval <input type="checkbox"/> Site quality inspection of product/material required before delivery	
Review Topics	<b>Project-Related Job Credentials</b>		
	Licenses required:		License and expiration dates:
	Certification required:		Certifications and expiration dates:
	Training required:		Training completed and expiration date:
	Type and length of experience required:		Certifications and expiration dates:
	Personnel license, certification, and training required:		List each person's credentials on the Subcontractor and Supplier Certifications and Licenses form.
	<b>Qualifications</b>		
	<input type="checkbox"/> Senior person designated as Quality Manager <input type="checkbox"/> Knowledge of Company quality standards <input type="checkbox"/> Demonstrated capability to complete work to Company quality standards <input type="checkbox"/> Demonstrated skills and knowledge <input type="checkbox"/> Demonstrated experience		<input type="checkbox"/> Demonstrated results <input type="checkbox"/> Effective self-inspection process <input type="checkbox"/> Access to codes, standards, and product instructions <input type="checkbox"/> Equipment availability <input type="checkbox"/> Production capacity <input type="checkbox"/> Staffing availability
	QUALIFICATION NOTES:		
	<b>Provisional Approval: Action plan for improvement</b>		
<b>Follow-up results and date</b>			

# [CompanyName] Project Startup Meeting Form

[illegible]

Meeting completed per Quality System Requirements.

Signature and Date of Project Manager: \_\_\_\_\_



[CompanyName] Daily Production Report		
Project ID	Project Name	Preparer*/Date
[ProjectNumber]	[ProjectName]	
* On behalf of the contractor, I certify that this report is complete and correct and equipment and material used, and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.		
	Description	
Job-ready and WIP Inspections (Active work tasks)		
Work Tasks Completion Inspections		
Sampling/Tests Performed		
Nonconformance Reports		
Problems encountered, actions taken, problems, and delays		
On Site Subcontractors and Suppliers, Company Crews, and Visitors		
Meetings held and decisions made		
General Remarks and improvement ideas		
Weather conditions	Temperature: Low: ____ F High: ____ F Precipitation: <input type="checkbox"/> No <input type="checkbox"/> Yes, type and amount: _____	