



Date: August 2016
Rev. 2

Technical Quality Review Record

Project #		Delivery Date	
Project Name		Originator	
Client/Client POC		Comments Due By	
PM Name		Assigned Individual(s):	
Title of Work Product			

Type	<input type="checkbox"/> Calculation Check	<input type="checkbox"/> Independent Review (IR)	<input type="checkbox"/> Interdisciplinary Coordination Review	<input type="checkbox"/> Specification Package Review
	<input type="checkbox"/> Discipline Review	<input type="checkbox"/> Verification	<input type="checkbox"/> Technical Approach/Solution	<input type="checkbox"/> Bidability Review
	<input type="checkbox"/> Subconsultant, Client, or Third-Party Information Review			<input type="checkbox"/> Constructability Review
	<input type="checkbox"/> Other Specify (e.g. Construction Services documentation):			

Review Scope	<input type="checkbox"/> Technical edit for elements such as grammar, punctuation and formatting	<input type="checkbox"/> Soundness of approach/design	<input type="checkbox"/> Application of Statements of Limitations
	<input type="checkbox"/> Detail check of calculations and graphics	<input type="checkbox"/> Conformance with standards	<input type="checkbox"/> Basis and validity of conclusion/recommendation
	<input type="checkbox"/> Organization, clarity and completeness	<input type="checkbox"/> Completion of check	<input type="checkbox"/> Completion of review of client and third-party information
	<input type="checkbox"/> Technical Approach/Solution	<input type="checkbox"/> Other Specify:	

Checking	For comments column, select N (None), HC (Hard Copy), EF (Electronic File – add network link), or (Review Comment Form)							
	Discipline	Description (Calc/Rpt/Dwg/Specs)	Comments	Network Link	Originator Initials	Date	Reviewer Initials	Date

Verification	(Note: Technical Quality Reviews are often iterative, requiring multiple rounds to verify accuracy and completeness of the work product. This section is to be completed by the Lead Verifier <u>after</u> verification of comment incorporation to include subsequent or new comments.)	
	Select:	
	<input type="checkbox"/> Lead Verifier has verified that comments have been adequately addressed. There are no outstanding issues.	
	<u>or</u>	
	<input type="checkbox"/> Lead Verifier has verified that comments have been adequately addressed, except for unresolved issues. Any unresolved issues have been submitted to the Project Manager or Designee for final resolution.	
<u>and</u>		
<input type="checkbox"/> Lead Verifier confirms that the work product is complete and in accordance with the technical approach/solution.		
	Lead Verifier Signature	Date
	Lead Verifier Signature	Date
	Lead Verifier Signature	Date



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Approval	<input type="checkbox"/> Confirmation that the deliverable has been reviewed for overall completeness, compatibility and conformance with scope and other contract requirements; all applicable reviews have been completed and deliverable is ready for submission to the client.	
	_____ Project Manager (or Designee) Signature	_____ Date
	_____ Project Quality Manager Signature (as applicable)	_____ Date
Independent Review (if applicable)	Comments have been provided on: <input type="checkbox"/> Directly on work product (electronic or on hard copy) <input type="checkbox"/> Comment and Disposition Form	
	<input type="checkbox"/> Other (paste link to network file) Specify: _____	
	_____ Independent Reviewer Signature	_____ Date
DISTRIBUTION	Project Central File – Quality File Folder	Other Specify: _____