SOFTWARE QUALITY CONTROL PLAN

Project Name :

PROJECT ID:

DATE: 00/00/0000
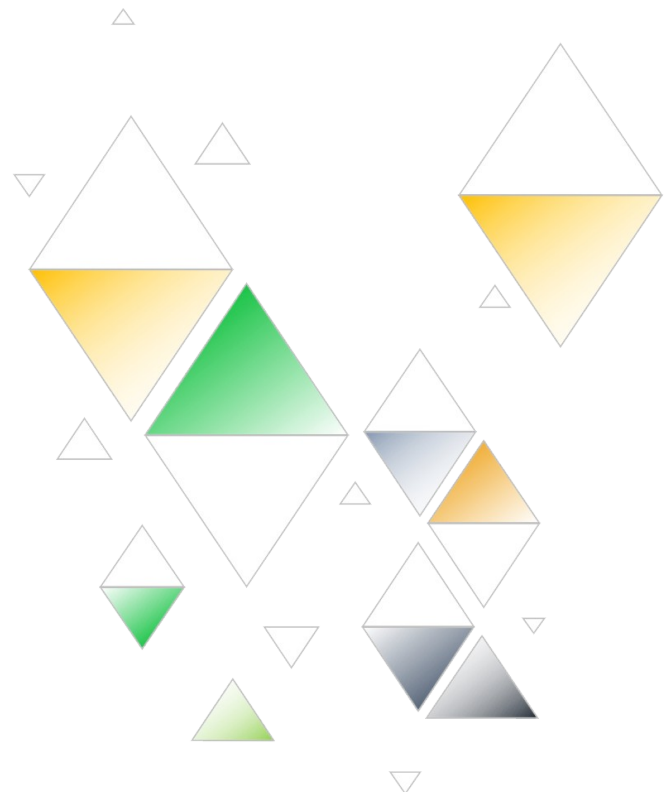
DOCUMENT CONTROL

FILE NAME		DOCUMENT ID
POST TILING CHECKLIST		
Site Location	**ISSUE DATE**	**LAST SAVED DATE**

DOCUMENT APPROVALS

ROLE	NAME	SIGNATURE	DATE
Project Architect			
Structural engineers			
Project Manager			
Quality Assurance Manager			
Supervising Architect			

Description to be checked	Accept	Reject	Remarks
Name, Date and Registration No of drawing			
PRE-CHECKS			
Check fo " Hollow tiles" using simple sound test with a car keys			
Check for Crack/Chipped tiles			
Ensure the correct Grouting is used			
Check for Tiling pattern to conform			
Check for Spacing between tiles to conform			
Ensure correct tiling strips are used			
Ensure All other wet trades and dusty trades completed			
Ensure that Ceilings are closed			

	GENERAL REMARKS