	PROJECT		Standby SRU & Additional Tanks	
	CLIENT		IOCL Paradip Refinery	
QCP-RIGID PAVING	Project No. 080557C001	Document No. 080557C-000-QCP-1713-001	Rev. No. A	Page 1 of 3

QUALITY CONTROL PLAN CIVIL WORKS RIGID PAVING
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TYPE OF QUALITY CONTROL REPORT	CERTIFICATION EXTENT
W 12/A – CW 15A	SINGLE REPORT PER EACH MATERIAL – CONCRETE MIX
CW 35 – CW 17	SINGLE REPORT PER EACH TEST
CW 32B	SINGLE REPORT PER EACH ITEM / PAVING
CW 01	SUMMARY
QC11	SINGLE SUMMARY PER EACH ITEM / PAVING



REFERENCE DOCUMENTS:

- 080557C-000-PP-805 SITE CO-ORDINATION & COMMUNICATION PROCEDURE
- 080557C-000-JSS-1700-003 SPECIFICATIONS FOR CONCRETE PAVEMENTS
- Drawings

LEGENDA

- H = HOLD (RFI required - Work stop for inspection)
 W = WITNESS (RFI required)
 WC = 100 % SUPERVISION AND EXAMINATION BY CONTRACTOR.
 P = PREPARATION.
 S = SURVEILLANCE (No RFI)
 R = REVIEW OF REPORTS
 N.A. = NOT APPLICABLE
 A = AUTHORIZATION / APPROVAL
 IFA = ISSUED FOR AUTHORIZATION/APPROVAL
 INFO = FOR INFORMATION
 ! = WARNING (control of document revision status)

A	19/10/2019	ISSUED FOR INFORMATION	NVK/SMP	PKP	AL/ANJ	JMC
REV	DATE	DESCRIPTION	PREPARED	CHECKED	APPROVED	AUTHORIZED

 	PROJECT	Standby SRU & Additional Tanks IOCL Paradip Refinery		
	CLIENT	INDIAN OIL CORPORATION LIMITED		
QCP-RIGID PAVING	Project No. 080557C001	Document No. 080557C-000-QCP-1713-001	Rev. No. A	Page 2 of 3

QUALITY CONTROL PLAN

CIVIL WORKS



RIGID PAVING

QUALITY CONTROL ACTIVITIES

Nr.	CHECK AND INSPECTION ITEM	QUALITY CONTROL REPORT	ACTION		NOTES
			CONTRACTOR	TECHNIP	
A)	PRELIMINARY ACTIVITIES				
A.1	CONTRACTOR DRAWINGS CHECK REVISION STATUS	N.A.	!	!	
A.2	CONTRACTOR TECHNICAL SPECIFICATION AND PROCEDURE	N.A.	!	!	
A.3	CONTRACTOR METHOD STATEMENT (IF REQUIRED)	N.A.	A	INFO	(1)
B)	BEFORE CONSTRUCTION				
B.1	MATERIALS APPROVAL	W12/A CW15A -	A	INFO	(1) (2)
B.2	MIXING FORMULA APPROVAL	CW01	A	INFO	(1)
C)	SOIL PREPARATION				
C.1	SUBGRADE COURSE TESTS - VISUAL CHECK - DENSITY TEST - CBR TEST (IF REQUIRED)	Lab. Tests / QC11 - CW 32 B	W	S	
C.2	SUB BASE COURSE TESTS - VISUAL CHECK - LAYER THICKNESS CHECK - SMOOTHNESS CHECK - DENSITY TEST - CBR TEST - SCREEN ANALYSIS & ATTERBERG LIMITS	Lab. Tests / QC11 - CW 32 B	W	S	
D)	CONSTRUCTION				
D.1	POLYETHYLENE SHEET VAPOR BARRIER (WHERE REQUESTED)	CW 32 B	S	S	
D.2	CHECK BEFORE POURING - FORMWORKS - REINFORCEMENTS - JOINTS	CW 32 B	W	S	
D.3	AUTHORIZATION FOR POURING	CW 32 B	A	S	
D.4	POURING	CW 32B	W	S	
D.4.1	SLUMP TEST & AIR CONTENT TEST	CW 35 – CW 32B	W	S	
D.4.2	SAMPLE STRENGTH TEST	CW 17 – CW 32B	W	S	

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CONFIDENTIAL – Not to disclose without Authorization

 	PROJECT		Standby SRU & Additional Tanks	
	CLIENT		IOCL Paradip Refinery	
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QUALITY CONTROL PLAN

CIVIL WORKS

RIGID PAVING

QUALITY CONTROL ACTIVITIES

Nr.	CHECK AND INSPECTION ITEM	QUALITY CONTROL REPORT	ACTION		NOTES
			CONTRACTOR	TECHNIP	
D.5	CHECK AFTER POURING - FINISHING WORKS - PLANARITY / SLOPE - JOINTS CUTTING	CW 32 B	H	S	(3)
D.6	JOINTS FILLING	CW 32 B	W	S	
D.7	PROTECTIVE COATING (WHERE REQUIRED)				
D.8	STRENGTH TEST RESULT & SAMPLE UNIT WEIGHT	CW 17 – CW 32B	W	S	
D.9	FINAL DOCUMENTATION REVIEW	CW 32 B			

- NOTES: (1) A COPY OF THE DOCUMENT WILL BE DELIVERED TO OWNER FOR INFORMATION
(2) MATERIAL APPROVAL WILL BE EXECUTED ONLY FOR MATERIALS SUPPLIED BY CONTRACTOR
(3) FORMS, INSPECTIONS AND ATTENDANCE SHALL BE IN ACCORDANCE WITH REFERRED QCP

GENERAL NOTES

- THE ENCLOSED ITP'S ARE INDICATIVE AND SHALL BE FOLLOWED FOR DEVELOPING THE JOB SPECIFIC ITP'S FOR THE WORKS TO BE PERFORMED BY THE CONTRACTOR. THE PROVISIONS INDICATED FOR STAGE WISE INSPECTION BY TECHNIP AND OWNER (FOR SPECIFIC ACTIVITIES) ARE THE MINIMUM AND THE ENGINEER-IN-CHARGE MAY DECIDE TO INCREASE HOLD POINTS/ WITNESS POINTS, WHILE APPROVING THE JOB SPECIFIC ITP'S. ACTIVITIES FOR WHICH ITP'S ARE NOT PROVIDED IN THIS SPECIFICATION. CONTRACTOR TO DEVELOP AND GET THE SAME APPROVED BY TECHNIP/OWNER BEFORE START OF THE WORK. IN GENERAL ROLE OF TECHNIP HAS BEEN SPECIFIED IN THE DOCUMENT THE ROLE OF OWNER TO BE SPECIFIED DURING PREPARATION OF SITE SPECIFIC ITP'S.
- CONTRACTOR TO SUBMIT JOB SPECIFIC REPORTING FORMATS AND JOB PROCEDURES FOR THE JOBS FOR EACH ACTIVITY LISTED IN THE ITP'S AND SUBMIT TO TECHNIP/OWNER FOR APPROVAL. BEFORE COMMENCEMENT OF THE ACTIVITY. IF THE CONTRACTOR HAS TO DEVIATE FROM THE GIVEN ITP FOR A VALID REASON, HE SHALL OBTAIN PRIOR WRITTEN APPROVAL OF TECHNIP/OWNER. CONTRACTOR TO CARRY OUT 100% EXAMINATION OF ALL ACTIVITIES.

		PROJECT:					
		COMPANY:					
QUALITY CONTROL FORM		CW 32 B		PROJ. No.: QCF REV. 0 SH. 1 OF 1			
REINFORCED CONCRETE PAVING SUMMARY REPORT		CONTRACTOR:		CW 32 B N° ____			
R.C. PAVING LOCATION / ITEM _____ BLOCK _____ AREA _____ DRAWING No. & REV _____							
INSPECTIONS (REF. TO QCP 1713.01)		N.A.	ACC.	REMARKS/ REFERENCES	INSPECTORS SIGNATURE & DATE		
					CONTR.	TECHNIP	OWNER
C.1	SUBGRADE COURSE TESTS - VISUAL CHECK - DENSITY TEST - CBR TEST	<input type="checkbox"/>	<input type="checkbox"/>	QC 11 (*)			
C.2	SUB BASE COURSE TEST - VISUAL CHECK - LAYER THICKNESS CHECK - SMOOTHNESS CHECK - DENSITY TEST - CBR TEST - SCREEN ANALYSIS & ATTERBERG LIMITS	<input type="checkbox"/>	<input type="checkbox"/>	QC 11 (*)			
D.1	POLYETHYLENE SHEET VAPOR BARRIER	<input type="checkbox"/>	<input type="checkbox"/>				
D.2	CHECK BEFORE POURING - FORMWORKS - REINFORCEMENTS - JOINTS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
D.3	AUTHORIZATION FOR POURING YES NO	<input type="checkbox"/>	<input type="checkbox"/>				
D.4	POURING	<input type="checkbox"/>	<input type="checkbox"/>				
D.4.1	SLUMP TEST & AIR CONTENT TEST	<input type="checkbox"/>	<input type="checkbox"/>	CW 35 (*)			
D.4.2	SAMPLE STRENGTH TEST	<input type="checkbox"/>	<input type="checkbox"/>	CW 17 (*)			
D.5	CHECK AFTER POURING - FINISHING - PLANARITY / SLOPE - JOINTS CUTTING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
D.6	JOINTS FILLING	<input type="checkbox"/>	<input type="checkbox"/>				
D.8	STRENGTH TEST RESULT & SAMPLE UNIT WEIGHT	<input type="checkbox"/>	<input type="checkbox"/>	CW 17 (*)			
N.A. = NOT APPLICABLE ACC. = ACCEPTED							
NOTES: (*) THE QC REPORTS N° SHALL BE INDICATED IN THE RELEVANT HERE BELOW SPACES : CW 17 N° _____ ; CW 35 N° _____ ; QC 11 N° _____ ;							
D.9) FINAL DOC. REVIEW	INSPECTORS	CONTRACTOR		TECHNIP	OWNER		
	NAME						
	SIGNATURE						
	DATE						



PROJECT:

COMPANY:

QUALITY CONTROL FORM

CW 01

PROJ. No.:

QCF REV. 0

SH. 1 OF 1

MIX DESIGN LIST

CONTRACTOR:

CW 01 N° ____

ITEM	MIX DESIGN FORMULA		CONCRETE CLASS	CONCRETE APPLICATION
	REFER. NR.	APPROVAL DATE	N/mm ²	
1	CW 15A N°			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

REMARKS:



PROJECT:

COMPANY:

QUALITY CONTROL FORM

CW 15 A

PROJ. No.:

QCF REV. 0

SH. 1 OF 1

CONCRETE MIX DESIGN APPROVAL

CONTRACTOR:

CW 15 A N° _____

1. MIX DESIGN N°

2. SPECIFIED CONCRETE STRENGTH (28 DAYS)
(CONCRETE CLASS)

3 MIX DESIGN CONCRETE STRENGTH (28 DAYS)

4. MIX DESIGN CONCRETE SLUMP

5 CEMENT TYPE

6 ADMIXTURES

7. PURPOSE

8. BATCHING PLANT

9. ATTACHMENT DATA

REMARKS:

RESULT:

ACCEPTED

☐

NOT ACCEPTED

☐**INSPECTORS****CONTRACTOR****TECHNIP****OWNER**

NAME

SIGNATURE

DATE

QCF STANDARD REV.0



PROJECT:

COMPANY:

QUALITY CONTROL FORM

CW 17

PROJ. No.:

QCF REV. 0

SH. 1 OF 1

CONCRETE SAMPLE COMPRESSION TEST

CONTRACTOR:

CW 17 N° _____

SAMPLE DATA

SAMPLE NR	ITEM	AREA	CONCRETE		SAMPLE DATE	CASTING TEMPERATURE (C)	ADMIXTURE TYPE & DOSAGE	REMARKS
			CLASS	MIX DESIGN				

TEST RESULT

SAMPLE NR.	AGE AT TEST (DAYS)	RESULT			ATTACHED QUALIFIED LABORATORY TEST RECORD N° & DATE		REMARKS
		STRENGHT	ACC.	UNACC.			

INSPECTORS

CONTRACTOR

TECHNIP

OWNER

NAME

SIGNATURE

DATE



COMPANY:

CW 35

SH. 1 OF 1

CONCRETE SLUMP TEST & AIR CONTENT TICKET REPORT

CW 35 N°

DATE _____

CONCRETE MIX DESIGN No. _____

REMARKS:

TEST RESULT:	ACCEPTED	<input type="checkbox"/>
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INSPECTORS	CONTRACTOR	TECHNIP	OWNER
NAME			
SIGNATURE			
DATE			



PROJECT:

COMPANY:

QUALITY CONTROL FORM

QC 11

PROJ. No.:

QCF REV. 0

SH. 1 OF 1

**COMPACTION TEST
SUMMARY**

CONTRACTOR:

QC 11 N° _____

PROGR	ITEM OR LOCATION IDENTIFICAT.	AREA	DATE	MATERIAL TO BE COMPACTED (sub-grade, backfilling, sub- base....etc.)	VISUAL CHECK	LAYER THICKNESS CHECK	SMOOTHNES S CHECK	QUALIFIED LABORATORY TEST REP. N° (REPORT ATTACHED)	No. OF LAYERS REQ.	LAYER N°	TEST RESULT		REMARKS
											ACC.	NOT ACC.	
1											<input type="checkbox"/>	<input type="checkbox"/>	
2											<input type="checkbox"/>	<input type="checkbox"/>	
3											<input type="checkbox"/>	<input type="checkbox"/>	
4											<input type="checkbox"/>	<input type="checkbox"/>	
5											<input type="checkbox"/>	<input type="checkbox"/>	
6											<input type="checkbox"/>	<input type="checkbox"/>	
7											<input type="checkbox"/>	<input type="checkbox"/>	
8											<input type="checkbox"/>	<input type="checkbox"/>	
9											<input type="checkbox"/>	<input type="checkbox"/>	
10											<input type="checkbox"/>	<input type="checkbox"/>	
.....											<input type="checkbox"/>	<input type="checkbox"/>	

NOTE: THIS QCF CAN BE DONE BY ELECTRONIC SHEET

INSPECTORS	CONTRACTOR	TECHNIP	OWNER
NAME			
SIGNATURE			
DATE			



PROJECT:

COMPANY:

QUALITY CONTROL FORM

QC 10

PROJ. No.:

SH. 1 OF 1

CONCRETE TEST SUMMARY FOR _____

CONTRACTOR:

QC 10 N° _____

PROGR	ITEM OR DESCRIPTION	AREA/ LOCATION	CASTING DATE	SITE CASTING TEMP. °C	Q.TY m³	CONCRETE		SLUMP TEST & AIR CONTENT TEST		STRENGTH TEST		REPORTS (1)	REMARKS
						CLASS	MIX DESIGN NUMBER	TICKET NR	CW 35 NR LAB. TEST	SAMPLE NR	CW 17 NR LAB. TEST		
1													
2													
3													
4													
5													
6													
7													
8													
10													
11													
12													
13													
14													

NOTE: THIS QCF SHALL BE DONE BY ELECTRONIC SHEET

(1) CW 33 FOR CONCRETE STRUCTURES – CW 32B FOR RIGID PAVING – CW 54 FOR CONCRETE PILES



PROJECT:

COMPANY:

QUALITY CONTROL FORM

W 12/A

PROJ. No.:

QCF REV. 0

SH. 1 OF 1

**CONSTRUCTION MATERIALS
APPROVAL**

CONTRACTOR:

W 12/A N° _____

CIVIL	<input type="checkbox"/>	PIPING	<input type="checkbox"/>	MACHINERY	<input type="checkbox"/>	INSTRUMENT	<input type="checkbox"/>	INSULATION	<input type="checkbox"/>
BLDG.	<input type="checkbox"/>	MECHANIC.	<input type="checkbox"/>	ELECTRICAL	<input type="checkbox"/>	PAINTING	<input type="checkbox"/>	STEEL STR.	<input type="checkbox"/>
NDT	<input type="checkbox"/>	SUPPORT PRF.	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

1. MATERIALS

2. SUPPLIER

3. PURPOSE

4. ATTACHMENT DATA

5. TYPE OF TEST PERFORMED

6. TEST STANDARD UTILIZED

REMARKS:

RESULT:

ACCEPTED

☐

NOT ACCEPTED

☐**INSPECTORS****CONTRACTOR****TECHNIP****OWNER**

NAME

SIGNATURE

DATE