

# Internal Audit

|               |       |
|---------------|-------|
| PROJECT NAME: |       |
| BID #         | DATE: |
| QCM :         | TIME: |

|  | Compliant | Partially Compliant | Non-Compliant |
|--|-----------|---------------------|---------------|
| 1. Is Pre-Activity log up-to-date?   |           |                     |               |
| 2. Is Submittal Log up-to-date?  |           |                     |               |
| 3. Is Material Tracking log up-to-date?  |           |                     |               |
| 4. Is Sample Log up-to-date?   |           |                     |               |
| 5. Is Deficiency/Non-Compliance Log up-to-date?  |           |                     |               |
| No. of Deficiencies: _____ Non-Compliance: _____   |           |                     |               |
| 6. Are Activity Cards complete including test results?   |           |                     |               |
| 7. Are as-built plans being updated daily/weekly?  |           |                     |               |
| 8. Is testing being performed as per Table 1?  |           |                     |               |
| 9. Are samples being retained as required?   |           |                     |               |
| 10. Are failing tests being addressed and/or corrected?  |           |                     |               |
| 11. Are QC Monthly reports complete and corrections up-to-date?                                |           |                     |               |
| 12. Is approved traffic control plan on site?  |           |                     |               |
| 13. Are Technicians onsite approved for testing/traffic control setup?                         |           |                     |               |
| 14. Are internal audits performed as required?   |           |                     |               |
| 15. Are activity cards complete and presented to QA for review daily?                          |           |                     |               |
| 16. Are test results meeting turn-around times?  |           |                     |               |
| 17. Are QC testing quantities reported and QA compatible?                                      |           |                     |               |
| 18. Are QC personnel performing as required by Sections 111-117 of the Special Provisions?     |           |                     |               |
| 19. Additional Comments:   |           |                     |               |
|  |           |                     |               |
|  |           |                     |               |
|  |           |                     |               |
| Compliant: _____ Partially Compliant: _____ Non-Compliant: _____                               |           |                     |               |
|  |           |                     |               |
| QCM Signed _____ Auditor _____   |           |                     |               |
| * All partially compliant and Non-Compliant require responses in Comments / back of this sheet |           |                     |               |