

QUALITY CONTROL REPORT

DATE:

PROJECT TITLE: Lower River Remedial Action

WORKING?

YES

NO

IF NO, WHY NOT:

WEATHER CONDITIONS:

	YES	NO	REMARKS:
REMEDICATION COORDINATOR ON-SITE			
PREPARATORY PHASE CHECKLIST ATTACHED			
INITIAL PHASE CHECKLIST ATTACHED			
FOLLOW-UP PHASE CHECKLIST ATTACHED			
DISCHARGE MONITORING REPORT UPDATED			
TESTING LOGS COMPLETED			

WORK OBSERVED/DEFICIENCIES NOTED/QC TESTS AND RESULTS:

MEETING/CONFERENCE NOTES (INCLUDING PARTICIPANTS):

INSTRUCTIONS GIVEN OR RECEIVED/CONTROVERSIES PENDING:

QUALITY COORDINATOR

DATE