

WEEKLY QUALITY ASSURANCE REPORT

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OF__

Name of Contractor: **J.J. Kirlin**Project Name: **Dielectric union replacement**Installation Name: **Fort Gordon, GA**Contract/DO/PO Number: **85-25**Contract Number: **DACA01-98-D-25-85**Date: **Week ending Sept 21 00**

(USE SEPARATE REPORT FOR Each D.O./P.O. / Contract)

General Comments:**Work performed:**Working on the 13th floor. Insulation is being applied as we goPercent complete (if applicable) 50%**Safety violations / Corrective measures taken:**

Contractor was asked to implement interm safety measures when disabling smoke detectors

Work Scheduled:**Indicate Attachments:**Name:
(Printed)**Lloyd South**

Signature:

US Army Corps of Engineers
Quality Assurance Representative
Supporting MedCom