

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 Oct 12 00**

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

General Comments:

Due to hospital needs the work on the 4th floor was suspended on day. Workers were moved to the 10 floor and worked on pipe insulation

Work performed:

Contractor worked on the 4th floor installing valves and nipples.

Percent complete (if applicable) 70%

Safety violations / Corrective measures taken:

Contractor implementing interm safety measures when smoke detectors are out of service

Work Scheduled:**Indicate Attachments:**

Name: **Lloyd South**
(Printed)

Signature:

US Army Corps of Engineers
Quality Assurance Representative
Supporting MedCom