

PROJECT QUALITY ASSURANCE CHECKLIST

(for Distribution at Initial PQA Meeting of each new project)

| | | |
|-------------------------|-------------|---------------|
| Project Name: | | Date: |
| Project Directorate: | | Contract No.: |
| Project Manager: | Contractor: | |
| Quality Assurance Team: | Consultant: | |

| Conformance | | | CHECKS (characteristics) | REMARKS |
|--|--------------------------|--------------------------|--|---------|
| Yes | No | N.A. | | |
| DOCUMENTATION REQUIREMENTS (as reference for PQA Team for each project) | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contractor's/Consultant's Quality Manual (if ISO 9001 Certified) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Specific Project Quality Plan (PQP) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Quality Procedures | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Method Statements (inclusive of Inspection & Test Plan and Risk Assessment Analysis/Safety & Health) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved Contract Particular Specifications | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Detailed Construction Work Programme/Schedule | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved Bill of Quantities (BOQ) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved Contract Documents (signed tender/bidding documents which include Contract Data, Conditions of Contract, contract agreement, performance bond and other required related documents comprising the whole contract) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Health, Safety & Environment (HSE) Plan | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Safety Procedures | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved Construction Drawings (A3 - clear copy) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Method Statements Schedule | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Materials Schedule | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction Site Management Plan | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Site Waste Management Plan | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contractor's Organizational Chart (including QA/QC department) & Project Organizational Chart | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PMO forms (e.g. Project Charter, Project Scope Statement, Progress Monitoring Form etc., if available) | |
| QUALITY MANAGEMENT SYSTEM CHECKLIST | | | | |

| Conformance | | | CHECKS (characteristics) | REMARKS |
|--------------------------|--------------------------|--------------------------|---|---------|
| Yes | No | N.A. | | |
| | | | Quality Management System | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identification and Planning | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction Control and Process Control | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Quality System Records and Documentations (<i>Project Quality Plan, QA/QC Procedures, HSE Plan, Safety Procedures, Method Statements (inclusive of Inspection & Test Plans and Risk Assessment Analysis), Material Approvals, Inspection Checklists, Inspection Records, Survey Records, Calibration Records, Audit Reports, Test Results, Product Certificates, Shop Drawings, As-Built Drawings, Summaries or Tracking Schedule of All Quality Records, Progress Reports, Request for Information, Contract Variations, etc.</i>) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project Management System Review | |
| | | | Control of Documents | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Master list to identify all controlled documents | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Code mechanism for procedure and forms | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Relevant versions of applicable document related to the process & essential to operations available to project personnel at point of use | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All approved drawings properly logged in (external origin documents) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Uncontrolled/unapproved document | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Well defined system to indicate the names and locations of all holders of controlled documents | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Document change procedure/mechanism | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identification of any obsolete or invalid document | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handling of obsolete documents | |
| | | | Control of Records | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Record Matrix | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retention periods of the records clearly defined | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rooms, cabinets, and shelves labeled | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Records identified and where they are supposed to be | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Records within the agreed retention period | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clear record keeping system where records are safe | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Easily accessible / retrievable by authorized personnel | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hand-over Records | |

| Conformance | | | CHECKS (characteristics) | REMARKS |
|-------------|----|------|---|---------|
| Yes | No | N.A. | | |
| | | | Management Responsibility Responsibility, Authority & Communication <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Communication procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Record of internal communication <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Record of external communication <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Project Organization chart available (as per PQP) - QA Manager/ other QA staff <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Qualifications and Responsibilities of Key Personnel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sufficient numbers of Qualified QA/QC staff <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Project personnel onboard <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Job descriptions documented and communicated to project personnel | |
| | | | Resource Management Training / Competency <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Established training Procedures <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Competency level measured and maintained, training needs identified <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Training evaluation done and performance appraisal available <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Training plan scheduled | |
| | | | Infrastructure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Suitability/adequacy/maintenance of site office, construction site, process equipment and supporting services <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Occupational health and safety guidelines provided | |
| | | | Product Realization Inspection and Testing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inspection and Test (Request for Inspection, endorsed check sheets, inspection records, laboratory test certificates) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Material Receiving Inspection, In-Process Inspection and Tests and Final Inspection and Testing | |
| | | | Design and Development <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Design and Development Planning (shop drawings, bar bending and cutting schedules, concrete placement details, equipment installations, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Design Validation and Design Changes (Request for Information, Field Change Request) | |

| Conformance | | | CHECKS (characteristics) | REMARKS |
|---|--------------------------|--------------------------|---|---------|
| Yes | No | N.A. | | |
| | | | Purchasing/Procurement | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vendor Quality System and Evaluation of Vendor/Supplier | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vendor/Supplier Technical Data Review | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verification of Supplied Products and Supplier Verification | |
| | | | Product Identification and Traceability | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Material Control, Certification, Identification and Traceability (system of tag, physical markings) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Product Release | |
| | | | Handling, Storage, Packing, Preservation and Delivery | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handling, Storage, Packing, Preservation and Delivery Processes | |
| | | | Commissioning/Taking-Over | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Taking-over Certificate | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Servicing of the Works (Defect Liability Period) | |
| | | | Measurement, Analysis and Improvement | |
| | | | Internal Quality Audits | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Audit Schedule | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-conformance & Corrective and Preventive Action | |
| | | | Control of Non-conforming Products | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evaluation of NCRs and Disposal of NCRs | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Material Receiving Inspection NCRs, Construction NCRs and Vendor/Supplier NCRs | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Quarantine and Documentations of NCRs | |
| | | | Analysis of Data | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Statistical Techniques and Procedures | |
| HSE / EMERGENCY PREPAREDNESS & RESPONSE / HANDLING WASTE | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Site Safety Plan/ Procedure available/approved | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Training on the procedures | |
| | | | - Procedure tested (Drill) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evacuation map | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plan for Ambulance or standby vehicle to be use in case of emergency | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First aid Kit and medicine cabinet available | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical/Nurse or first aid station at the project site | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Qualified Medical Practitioner or nurse detailed at the project site | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency communication available | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Incident Reports | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handling / disposal of site waste | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire extinguishers properly controlled | |

| Conformance | | | CHECKS (characteristics) | REMARKS | |
|------------------------------|--------------------------|--------------------------|---|---------|--|
| Yes | No | N.A. | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety Officer/ Qualifications | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toolbox Meetings conducted for workers | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Skilled labour has valid qualification certificate (e.g. welder, electrician) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment has valid safety inspection certificate (e.g. crane & hoist) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Material Safety Data Sheets | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal Protective Equipment (PPE) available for use/ usage of it | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certification tagged to scaffoldings | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Method statement/procedure for working in trenches or confined spaces or great heights | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | On the project site, control and monitoring of dust, black smoke/oil leaks, air pollution from site vehicles/equipment | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Control and monitoring of foul smell or pollution from sewage and treatment plan especially for sanitary projects | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Environmental Management Plan / Environmental Impact Assessment / Waste Management Plan and Environmental Clearance Certificate (if required) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency warning device and signage properly installed | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Regular maintenance record (site vehicles and heavy equipment) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sufficient road access inside the construction site (Entrance/Exit) | | |
| TESTING LAB CHECKLIST | | | | | |
| | | | Accredited Laboratories Approved by MED | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Engagement of accredited testing and calibration labs approved by MED (accredited to ISO 17025). List of approved labs by MED: http://www.works.gov.bh/English/Publications/ResearchandReports/Pages/ResearchesReports.aspx | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Testing carried out as per requirements of Project Particular Specifications, relevant MoW SSCW 2009 specifications and applicable test methods/standards | | |

| Conformance | | | CHECKS (characteristics) | REMARKS |
|--------------------------|--------------------------|--------------------------|--|---------|
| Yes | No | N.A. | | |
| | | | For Project On-Site Laboratory: | |
| | | | Standards | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Latest standards and test methods as per Project Particular Specifications / MoW SSCW 2009. | |
| | | | Personnel/Competency | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Training needs for staff identified | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Training needs of existing staff reviewed on an ongoing basis | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Completion of training records | |
| | | | Accommodation and Environmental Conditions | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Control and monitoring of the environment of calibration and test areas | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Limit access to test area to authorized people | |
| | | | Test and Calibration Methods including Sampling & Equipment | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Methods and procedures for all tests for its intended use | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Handling of test and calibration methods including sampling | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - List of all standard methods and non-standard methods | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Required machine/equipment, other tools availability and equipment specifications relevant to the test | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Equipment calibrated or checked to meet laboratory's specification requirements and calibrations recorded appropriately. Maintenance of it | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Identification of all measuring equipment which requires calibration | |

| Conformance | | | CHECKS (characteristics) | REMARKS |
|---|--------------------------|--------------------------|--|---------|
| Yes | No | N.A. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Record of supplier/contractor equipment/calibration maintained | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Records for equipment and its software used for testing and calibration | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - External lab used for calibration services have a defined laboratory scope which includes the capability to perform the required calibration service | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - External lab used for calibration services accredited to ISO/IEC 17025 (or national equivalent) | |
| | | | Measurement Traceability | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Programme for calibration of equipment and how this is handled & monitored | |
| | | | Sampling | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Sampling plan and procedures | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Statistical methods establish prior to sampling plan | |
| | | | Handling and Transportation of Test and Calibration Items | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - System for transportation, receipt, handling, protection, storage, retention and/or disposal of test and /or calibration items | |
| | | | Assuring the Quality of Test and Calibration Results | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Handling of monitoring the validity of test | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Following the standard procedure | |
| | | | Reporting the Results | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Completion of reports | |
| PROJECT QUALITY PLAN / METHOD STATEMENTS CHECKLIST | | | | |
| | | | Project Quality Plan | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Submission | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Review and Approval | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Compliance | |
| | | | Method Statements (inclusive of Inspection & Test Plan and Risk Assessment Analysis) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Submission | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Review and Approval | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Compliance | |

| Conformance | | | CHECKS (characteristics) | REMARKS |
|--------------------------|--------------------------|--------------------------|---|---------|
| Yes | No | N.A. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | QA/QC Audits <ul style="list-style-type: none"> - Frequency - NCR (handling Of Nonconforming Product) documenting, process - Corrective/ preventive action - Effectiveness - Records well defined and updated | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Progress Reports <ul style="list-style-type: none"> - Ahead of/behind schedule - Reason/cause of delay report - Catch-up plan | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Materials Procurement/ Delivery / Testing <ul style="list-style-type: none"> - Process describes the associated technical and quality requirements - Process describes the quality system elements for which the supplier is responsible - The supplier's conformance to the project Particular Specifications / MoW SSCW 2009 requirements - Process/records of pre-evaluation of materials from manufacturer/ supplier - Purchasing/ procurement/delivery records - Volume against required testing done - Identification and handling of major problems with materials - Site storage, protection and handling of project materials - Only the approved materials were delivered on site - Summary of project materials procured - Summary of quality records of project materials | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Quality Improvement <ul style="list-style-type: none"> - Process for ensuring that conditions adverse to quality are prevented, identified promptly, corrected promptly and that actions are taken toward prevention, documented and actions tracked to closure - Process for establishing communications between customers and suppliers, identify process improvement opportunities, and identify and propose solutions for problems | |