

06.08-11/1/99-02587A

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**FINAL**

**CLOSEOUT REPORT**  
**FOR**  
**MAINTENANCE AT RANGES I-1, B-12, AND F-11**  
**MARINE CORPS. BASE**  
**CAMP LEJEUNE, NORTH CAROLINA**

Prepared for:

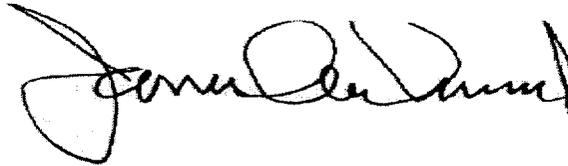
DEPARTMENT OF THE NAVY  
Contract No. N62470-97-D-5000

Atlantic Division  
Naval Facilities Engineering Command  
6500 Hampton Boulevard  
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**November 1999**

**Delivery Order No. 0017**  
**OHM Project No. 920901**

06.08-11/1/99-02587A

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**OHM Remediation  
Services Corp.**

A member of The IT Group

11560 Great Oaks Way, Suite 500  
Alpharetta, GA 30022

**OHM Project No. 920901**

**NOVEMBER1999**

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## ***EXECUTIVE SUMMARY***

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This Contractor's Closeout report provides a description of the activities conducted by OHM Remediation Services Corporation (OHM) to perform remedial and maintenance activities at Ranges B-12, I-1, and F-11, at MCB Camp Lejeune, North Carolina. The remedial and maintenance activities have been successfully implemented for the subject sites. These activities were performed during the period between January 13, 1999 and July 30, 1999. The maintenance and remedial activities at the subject sites included the following tasks:

- Recover bullet metals and reduce the mobility of lead present in surface soils of the existing berms.
- Upgrade the berms at all ranges
- Ship recovered metal bullets to an off-site recycling facility.
- Physically and chemically stabilize the berm surface soils and use as backfill material for grading excavated areas.
- Install new bullet traps with dust collectors at Ranges B-12, I-1, and F-11 to capture bullets and prevent future lead contamination of the berm soil.
- Construct sidewalks, sidewalls, and baffles

The berm surfaces were excavated and the soil was physically screened to segregate the bullet metal fragments from the soil. Excavation of the berm soil was performed until no visible metal fragments were encountered. Potentially contaminated soils were stabilized using trisodium phosphate to reduce the mobility of any residual lead in the soil. Stabilized soil was used as backfill for grading excavated areas. Pre- and post-treatment soil samples were collected for TCLP lead analysis. Recovered bullet metal fragments were shipped offsite to a recycling facility. All disturbed areas were hydroseeded. To reduce the probability of lead contamination from ongoing fire; bullet traps were installed at all 3 ranges. These apparatus collect spent rounds for future recycling. To further mitigate errant fire, wooden sidewalls and baffles were constructed at each range.

## **1.0 INTRODUCTION**

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This Contractor's Closeout Report for remediation and maintenance activities conducted at Ranges B-12, I-1, and F-11 at the Marine Corps Base (MCB), Camp Lejeune, North Carolina has been prepared to document the remedial activities performed at the subject sites under Delivery Order (D.O.) No. 0017 of Navy Atlantic Division (LANTDIV) Contract N62470-97-D-5000. The work required to accomplish the project objectives was specified in the December 1998 Work Plan for this Delivery Order. OHM successfully completed all activities between January 13, 1999 through July 30, 1999.

### **1.1 SITE BACKGROUND**

Camp Lejeune is a training base for the U.S. Marine Corps, located in Onslow County, North Carolina. The base covers approximately 234 square miles and includes 4 miles of coastline. MCB Camp Lejeune is bounded to the southeast by the Atlantic Ocean, to the northeast by State Route 24, and to the west by U.S. Route 17. The town of Jacksonville, North Carolina is located north of the Base (Figure 1 in Appendix A).

### **1.2 SITE DESCRIPTIONS**

Ranges B-12, I-1, and F-11 are located at the MCB Camp Lejeune as shown in Figure 1 (Appendix A). Range B-12 is located at the Marine Corps Air Station (MCAS) New River off Curtis Road. The B-12 pistol range was commissioned in the 1960's and contains 10 firing lanes, complete with target wall assemblies and shooter stands at three firing positions. The I-1 is a 16 lane range which was commissioned in the 1950's. Range F-11 is a dual range containing pistol and shotgun areas that was commissioned in 1955 and has a total of 32 firing lanes. It is located in the Hadnot Point Industrial Area off Piney Green Road. Range F-11 has two separate bullet traps. The right side pistol range includes 16 firing positions, with target wall and shooter stands. The left side of Range F-11 is the shotgun range with 16 firing positions. All three ranges are essentially flat with earthen berms behind the bullet traps and are located parallel to the target lines to serve as a secondary protection to prevent bullets from leaving the range area. The site layout (plan view) for ranges B-12, I-1, and F-11 are included in Appendix A (Figures 3, 6, and 9).

### **1.3 PROJECT OBJECTIVES**

The objectives for the remedial and maintenance activities at the subject ranges were to:

- Recover bullet metals and reduce the mobility of lead present in surface soils of the existing berms.

- Ship recovered metal bullets to an off-site recycling facility.
- Physically and chemically stabilize the berm surface soils and use as backfill material for grading disturbed and excavated areas.
- Install new bullet traps with dust collectors at the ranges to capture bullets and prevent lead contamination of the berm soil.
- Construct sidewalks, sidewalls, and baffles

## ***2.0 SUMMARY OF ACTIONS***

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### **2.1 SUMMARY OF REMEDIAL ACTION**

The remedial and maintenance activities at Ranges B-12, I-1, and F-11 were performed beginning on January 13, 1999 through July 30, 1999. These activities are summarized as follows:

- Site preparation and utility clearance
- Clearing and grubbing of work areas
- Berm soil excavation and physical screening of excavated materials
- Shipment of recovered bullets and metal fragments to a recycling facility
- Chemical treatment of excavated materials – soil stabilization, and verification sampling
- Berm restoration
- Construction of foundation slab and installation of bullet traps and dust collectors
- Construction of sidewalks, side-walls, and baffles
- Distribution of electrical power

### **2.2 SUBMITTALS**

In October 1998, OHM submitted draft work plans for Delivery Order No. 0017. The plans consisted of Maintenance work plan, Construction Quality Control Plan, Transportation and Disposal Plan, Sampling and Analysis Plan, Environmental Protection Plan, and a Site-Specific Healthy and Safety Plan. The plans provided a description of the project objectives, schedule, sampling and analysis requirements, construction requirements and storage, transportation and removal requirements that would be implemented to fulfill the requirements of the project specifications. The plans were reviewed and approved by LANTDIV and final plans incorporating all comments were issued in December 1998.

### **2.3 CLEARING AND GRUBBING**

Prior to starting any site clearing and grubbing, the site was prepared. Site preparation involved the following activities:

- Demarcation of the berm limits, excavation limits and other features such as equipment staging area.
- Installation of silt fence.
- Establishing decontamination area

- Utility clearance

Photographs showing the site condition prior to the implementation of remedial and maintenance activities are included in Appendix B. The sites B-12, I-1, and F-11, were cleared and grubbed on the top and side face of the berm adjacent to the range. The undergrowth, tree limbs, roots, and other non-contaminated debris were stockpiled and later disposed at a non-hazardous solid waste landfill in accordance with the Transportation and Disposal (T&D) Plan.

## **2.4 SOIL EXCAVATION AND SCREENING**

Berm soil excavation began at Range B-12. The excavation started with the removal of soil on the top and the front surface of the berm. After the berm soil was excavated a visual inspection of the surrounding soils was performed for metal bullet fragments. Upon inspection, if bullet fragments were visible, additional soil was excavated. Excavation of the soil continued until no visible bullets and metal fragments were encountered. Approximately 3 feet of berm soil was removed from the top and about 4 feet from the face of the berm at each range.

A Power Screen was used to physically separate the metal bullet fragments from the soil and debris. Potentially contaminated soil was stockpiled on plastic sheeting and covered with plastic sheeting at the end of each day prior to leaving the site and when it rained, to minimize the potential for contaminated stormwater run-off at the site. A front-end loader delivered excavated soil to a grizzly with a live bottom feeder to separate debris, rocks, and oversized materials greater than 4-inch diameter. Oversized materials were stockpiled and materials less than 4 inch were conveyed to a vibratory shaker screen to segregate the soil particles from bullet fragments. Photographs showing soil excavation and screening activities are included in Appendix B.

## **2.5 TREATMENT AND DISPOSAL**

The fine soil (smaller than bullet fragments) was stockpiled on plastic sheeting in a designated area. Samples were collected from the 200 cubic yards (cy) stockpiles for lead analysis. Based on previous experience at Ranges D-29 and A-1, all the fine soil separated from the bullet fragments at each site was treated with 2% Trisodium phosphate (TSP) to stabilize the lead. Approximately 4,500 pounds (lbs.) of TSP was used at Range B-12, 6,000 lbs. at Range I-1, and 8,000 lbs. at Range F-11. The stockpiled soil was mixed on the plastic sheeting using a backhoe. After mixing, a five-point composite sample was collected from

each soil pile and sent off-site for analysis in accordance with the sampling and analysis plan. Analytical results for both treated and untreated soil are summarized in Table 2-1 and complete analytical reports along with QA/QC data are contained in Appendix C. All treated soils were used as backfill for excavated areas.

**Table 2-1: Pre- and Post Treated Soil Analytical Results  
Ranges B-12, I-1, and F-11  
Camp Lejeune, North Carolina**

Sample ID	Sample Date	pH	Lead (mg/L)	Detection Limit
CLJ-17-R1-001 B-12	2/04/99	5.4	<BDL	5.0
CLJ-17-R1-002 I-1	4//29/99	NA	<BDL	1.0
CLJ-17-F11-003	6/04/99	NA	<BDL	1.0

<BDL = Below Detection Limits  
NA = Not Analyzed

## 2.6 BACKFILLING AND REVEGETATION

Stabilized berm soil materials and clean soil that is free from organic material was used as backfill for disturbed and excavated areas. The berms at each site were restored to final heights of: 4 feet and 6 inches at Range B-12, 10 feet at Range F-11, and 11 feet at Range I-1 (As-built drawings, Appendix A). At the conclusion of berm restoration, the firing range was fine graded and prepared for bullet trap, baffle, and sidewall installations. The berms and all other disturbed areas were hydroseeded; in addition, netting was placed on berm slopes to provide erosion control.

## 2.7 BULLET TRAP INSTALLATION

Prior to installing the bullet traps and dust collectors at Ranges B-12, I-1, and F-11, OHM constructed 6-inch thick concrete foundations sized as indicated on the as-built drawings (Appendix A) to support the bullet traps. In addition, an 8 feet by 12 feet by 6-inch thick slab was constructed for the dust collection equipment at each site. The bullet traps with dust collectors were supplied, installed, and started-up by the manufacturer, Action Target Inc., Provo, Utah. The layout of the bullet traps and the dust collectors are shown in Figures 3, 6, and 9 included in Appendix A. The following are some of the features of the bullet traps at the three sites:

- Consist of 16 lane modules 5-feet wide separated by a center 3-foot module and with

3-foot modules on each end to form a single aperture 89-feet wide for Range I-1, and both sides of Range F-11. At Range B-12, 10 lane modules 5-feet wide separated by a center 3-foot module and with 3 feet modules on each end to form a single aperture 59-feet wide.

- Each trap employs a single stage air collection and filtration system to collect and purify the air within the main deflection aperture chamber.
- The entire trap assembly including dust collectors and associated equipment are weather proof, suitable for outdoor installation.

Photographs of the bullet trap and dust collector installations are included in Appendix B.

## **2.8 BAFFLE AND WALL CONSTRUCTION**

Baffles to inhibit stray vertical fire were constructed at each Range in accordance with design specifications. The baffles provide a clear height of 9 feet 2 inches as shown in the as-built drawings. Details of the baffle construction are shown in Figure 12 included Appendix A. All the wood materials used in the construction of the baffles were salt treated for resistance to weather and the elements.

To prevent stray horizontal fire from leaving the sides of the range areas, sand-filled timber walls were constructed. All timber material for the walls were salt treated for resistance to the elements. Each new wall is 10 feet and 2-inches in height by 3 feet and 3-inches wide and contains a 24 inch cavity. The cavity is lined with geotextile material and filled with sand. At Range F-11, the existing interior wall was raised to a final height of 10 feet by extending the vertical support posts and installing additional wallboards. All the post extensions are bolted to existing posts with ¾-inch all thread bolts (as-built drawings, Appendix A). The completed extension is sand filled as well.

## **2.9 SIDEWALK CONSTRUCTION**

Two feet wide and 4 inches thick concrete sidewalks were constructed at each of the Ranges. Concrete with a minimum compressive strength of 2,500 psi was used for the sidewalks in accordance with design specifications. At each site, the sidewalks were built to provide access on each side of the range, along the sidewalls and at the middle of the range, as well as at each firing position. At the firing positions the sidewalks form connector walkways to the walkway along the sidewalls and the middle of the range. Site plans for the ranges, included in Appendix A, (Figures 3, 6, and 9) show the full network of sidewalks constructed at each Range.

## 2.10 ELECTRICAL POWER DISTRIBUTION

Electrical service for the dust collector at each of the Ranges B-12, I-1, and F-11 was installed by connecting into the Base's existing 12.47kV power lines. New power poles, transformers, and 100-amp service entrance rated panel boards were installed. Overhead and underground power lines and associated power poles and transformers were installed between the existing power source and the new service entrance for each range as shown in the as-built drawings, Figures 10, 11, and 12 (Appendix A).

At Range B-12, a new 15kV cable was routed through a manhole and installed as an underground power line, approximately 900 feet long, for providing electrical power at the site. Approximately 2,400 feet of new overhead line with poles spaced at about 200 feet centers and 1,786 feet of underground power line (Figure 11, Appendix A) were used to provide electrical power at Range I-1. Similarly at Range F-11, approximately 1,200 feet of overhead power line and 300 feet of underground power line were used to provide electrical power at this site (Figure 12, Appendix A). Prior to start-up all the new electrical equipment were tested to ensure proper operation.

### **3.0 TRANSPORTATION AND DISPOSAL**

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All recovered bullet fragments and lead-contaminated materials were shipped to an off-site facility for the recycling of lead. A total of approximately 56 tons of material was shipped off-site. Of this amount, it is estimated that approximately 10 tons were recovered from Range B-12, 12 tons from Range I-1, and 24 tons from Range F-11. The material was not segregated by site for offsite shipment, but was combined and shipped as originating from Range F-11.

Coleman Trucking Company shipped the entire amount of recovered bullet fragments and lead-contaminated materials to the Doe Run Company recycling facility in Boss, Missouri. Recycling Certificates are included in Appendix C. Prior to leaving the site, the truck was brushed to remove soil and debris from vehicle tires and bed, delivery tickets were completed and the truck was released for travel to the disposal facility. Upon arrival at the facility, the truck was weighed, and after unloading the truck was re-weighed to establish the net weight of load carried. As summarized in Table 3.1, three shipments of lead contaminated material occurred during the execution of the project. Copies of the delivery tickets are included in Appendix C.

**Table 3.1  
Transportation and Disposal Log  
Ranges B-12, I-1, and F-11  
MCB Camp Lejeune, North Carolina**

<b>Date</b>	<b>Transporter</b>	<b>Ticket #</b>	<b>Tons</b>	<b>Cubic Yards</b>
7/23/99	Coleman Trucking Company	32440	23	34
7/23/99	Coleman Trucking Company	31920	24	36
7/29/99	Coleman Trucking Company	32760	9	13.5

#### ***4.0 QUALITY CONTROL SUMMARY***

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The quality control (QC) engineer conducted preparatory and initial site inspections during a site visit. The QC Engineer reviewed the completeness and adequacy of mobilization activities, to observe health and safety practices, to evaluate excavation operations, to check sampling and analysis documentation. Inspections were performed in accordance with the requirements of the contract as supplemented by the Delivery Order Quality Control Plan. Inspection results were documented and submitted on Contractor QC Report Forms. A bi-weekly QC meeting was conducted and the minutes recorded and submitted with the inspection report to the ROICC by the site supervisor. Copies of all QC documentation are included in Appendix D.

## **5.0 OPERATION AND MAINTENANCE**

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This section presents a summary for the operation and maintenance of the bullet trap system. The summary is divided in two parts: 1) the dust collection unit and 2) the total containment trap. Appendix E provides more details describing the step-by-step procedures for the startup, monitoring, resetting, maintenance, and manual shutdown of the bullet trap system and includes the Owners Manual for the trap assemblies.

### **5.1 DUST COLLECTION UNIT**

#### **5.1.1 Operation**

**Basic.** To begin operation, press the start button and hold it down. The low-pressure alarm will sound for several seconds while the blower is coming up to speed. When proper operating pressure has been achieved the alarm will stop. If the alarm does not stop, refer to the owner's manual for troubleshooting. If at any time the blower turns off or if the alarm sounds, cease operation immediately until the unit is thoroughly checked. When use of the dust collection unit is concluded, press the stop button momentarily.

**Differential Pressure.** When the filters are properly loaded, there should be a normal operating pressure of about 1 to 1.7 inches (in-H<sub>2</sub>O). If the operating pressure rises above or falls below the set points, the control circuitry should sense this and shut the system down.

#### **5.1.2 Maintenance**

The dust collection unit requires regular maintenance in order to ensure long life and reliability. It is required that a log for all weekly maintenance sessions should be kept. The log should include the date of inspection, the type of procedure performed, the readings observed on the equipment, and any other important observation.

**Daily.** Each time the dust collection unit is used:

- Check the differential pressure gauge. When the power is off, the gauge should read 0. During operation, the pressure should be about 1 to 1.7 inches.
- Check that the set point knobs are properly set, "low set point pressure" both sides should read 0.5 inches and the "high set point pressure" right side should read 1.8 inches and left side 2.7 inches.
- Check that the air pressure is in the range of 90 to 100 psi. Prior to use of the system, open the purge valve on the bottom of the compressor to see that compressed air blows out.

**Weekly.** Perform the daily procedure as outlined above.

- Test the automatic breach detection circuitry - (wear ear protection during this procedure). Refer to owner's manual for procedure.
- Test automatic cleaning circuitry. Refer to owner's manual for procedure.
- Check the level of lead accumulation in the collection barrel – (wear gloves or other protective clothing for this procedure). Refer to owner's manual for procedure.
- Check the oil level in the air compressor. Refer to owner's manual for procedure.

**Every 2000 hours.** Grease the motor pumps at 2000-hour intervals.

**Yearly.** Check the logs to see when the filters were last changed. If filters have been used for more than 3 years or 4000 hours, they may need changing. Refer to owner's manual for recommendations.

**Filter Changing.** When it becomes necessary to change a filter, follow the procedure in the owner's manual.

**Loading New Filter.** Refer to owner's manual for procedure for loading a new filter.

### **5.1.3 Debugging**

If the system will not turn on, or if the pressure is too low or too high, refer to owner's manual for troubleshooting the system.

## **5.2 TOTAL CONTAINMENT TRAP**

### **5.2.1 Operation**

The bullet trap is a passive device so it does not require any power to operate.

### **5.2.2 Maintenance**

The bullet trap requires regular maintenance. The most important procedure is the regular removal of lead from the collection canisters or other accumulation areas. Refer to owner's manual for procedure.

**Damage.** If the trap is damaged by a round of higher power than it can withstand, resulting in a crater or a hole through a plate or joint, the damaged part should be replaced to avoid bullet splatter.

**Canister Inspection.** Lead collection canisters should be inspected weekly. Refer to owner's manual for procedure.

**Cleanup.** Two basic types of cleaning the bullet trap are required: 1) normal lead removal from the canisters or collection area and 2) lead cleanup in the surrounding area.

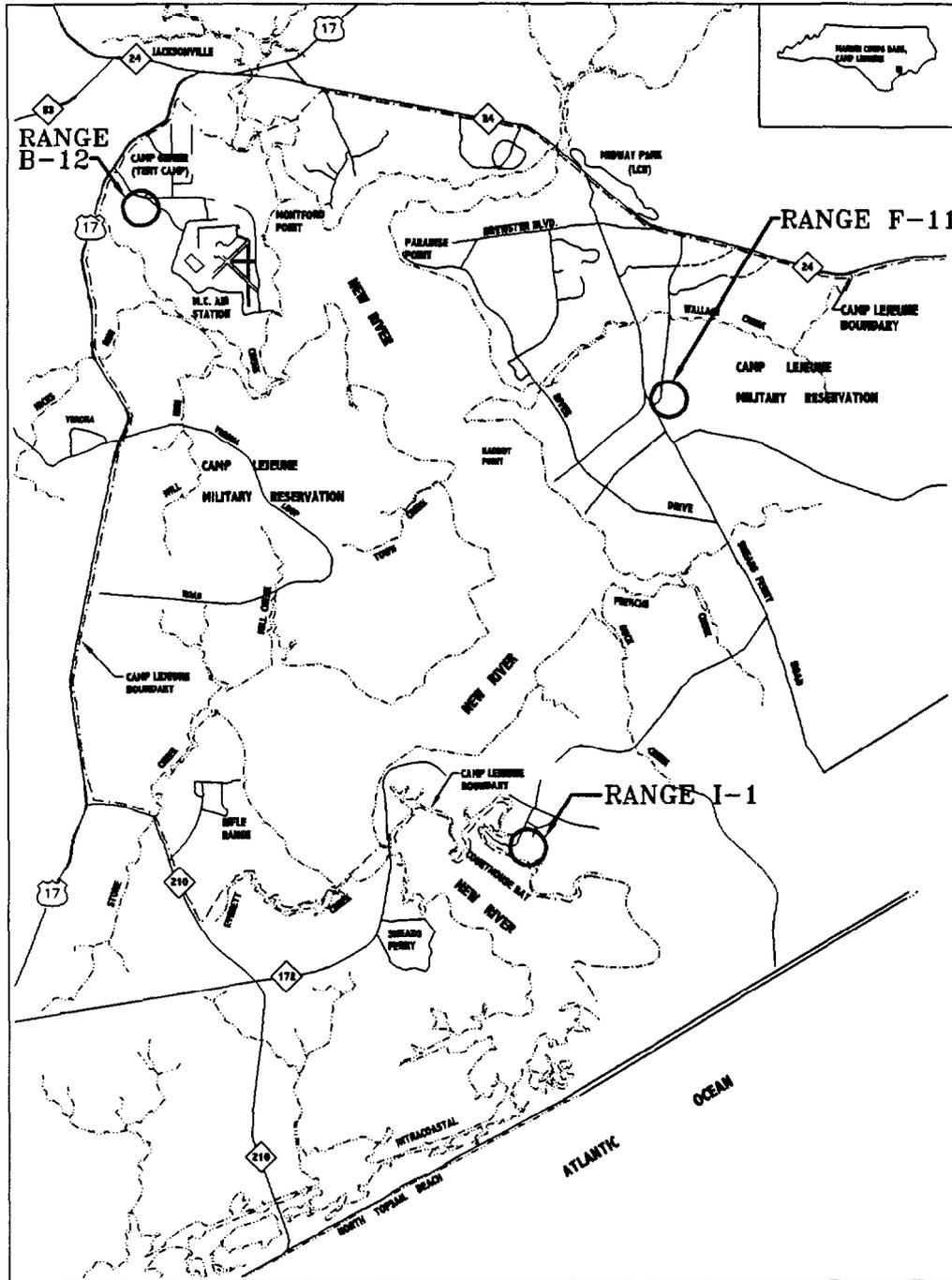
It is recommended that the operator use a lifting belt, a hand truck or other lifting apparatus when changing a canister. Refer to owner's manual for a step by step procedure for changing a canister.

If there is significant accumulation of lead dust in the trap area, it should be visible as fine black dust on the ground. Begin vacuuming as you enter the area. Vacuum the floor and any flat areas where dust may accumulate. Do not proceed past a point that has not been cleaned. Never use a broom, a shovel, compressed air, or other means to move dry lead dust, as this will lift the dust into the air where it can become a health hazard. Do not use a vacuum cleaner with a beater brush, the vacuum should solely be suction to pull in the dust. Refer to the owner's manual for more information on the cleaning procedure.

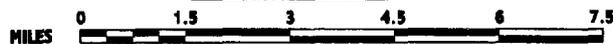
**Painting.** All outside of the trap should be kept painted to prevent rusting.

**APPENDIX A  
AS-BUILT DRAWINGS**

# MARINE CORPS BASE, CAMP LEJEUNE NORTH CAROLINA



**VICINITY MAP**



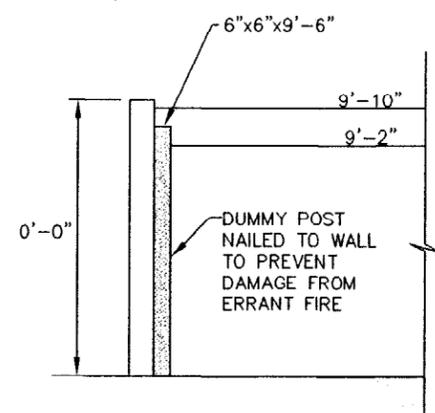
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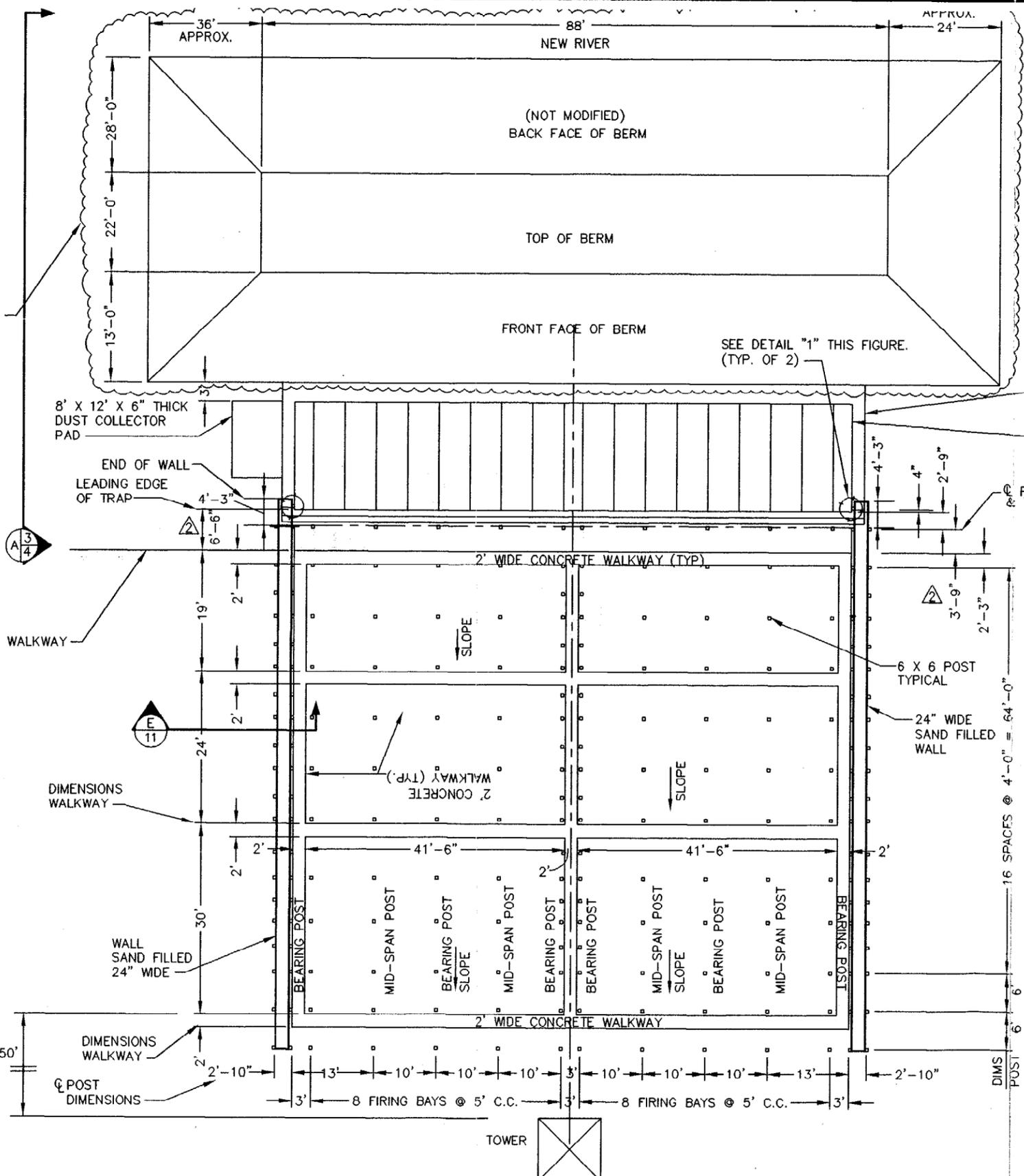
**OHM Remediation  
Services Corp.**  
NORCROSS, GEORGIA  
A SUBSIDIARY OF OHM CORPORATION

DRAWN BY	J. LANGE	10/23/98
CHECKED BY	J. DUNN	10/23/98
APPROVED BY	J. DUNN	10/23/98
REV. 0	SHEET # -	PROJECT NO. 920901

**FIGURE A**  
**VICINITY MAP**  
**RANGES I-1, B-12 AND F-11**  
**REMEDIATION OF LEAD  
CONTAMINATED SOIL**



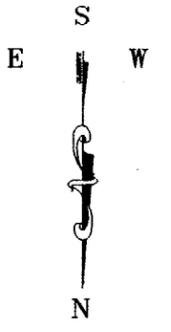
THIS AREA NOT TO SCALE



- NOTES:
1. WALL DETAILS SEE FIGURE 11.
  2. BAFFLE DETAILS SEE FIGURE 12.

9'3" X 22'-4" X 6" THICK CONCRETE SLAB

BULLET CONTAINMENT TRAP WITH COVER 89' X 16'-9" (16) @ 5' WIDE SECTION = 80'-0" PLUS (3) @ 3' SECTIONS



J:\LANDVA\LEJUNE\920901\WP\AS-BUILT\FIG-3.r.DWG

**OHM Remediation Services Corp.**  
Norcross, Georgia  
A Subsidiary of OHM Corporation

SUBMITTED: \_\_\_\_\_ PROJECT MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ SR. PROJECT ENGINEER: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ DEPT. MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

REVISIONS				
REV.	DESCRIPTION	BY	DATE	APP.
1	REVISED FOR WALL EXTENSION	-	9/15/98	JAD
2	ISSUED WITH WORK PLAN	-	10/23/98	-
3	RECORD DRAWING	-	11/18/99	-

DEPARTMENT OF THE NAVY NAVAL FACILITIES ENGINEERING COMMAND

**ATLANTIC DIVISION**

NAVAL STATION NORFOLK, VIRGINIA

CONTRACT NO. N62470-97-D-5000 DELIVERY ORDER 0017

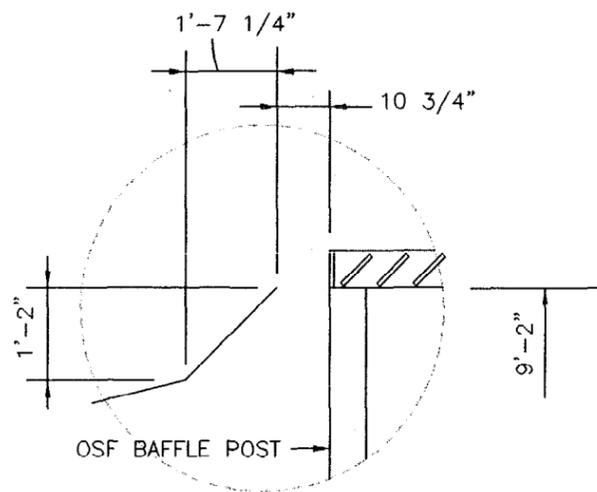
OHM PROJECT NO. 920901 MARINE CORPS BASE, CAMP LEJUNE, N.C.

**RECORD DRAWING**

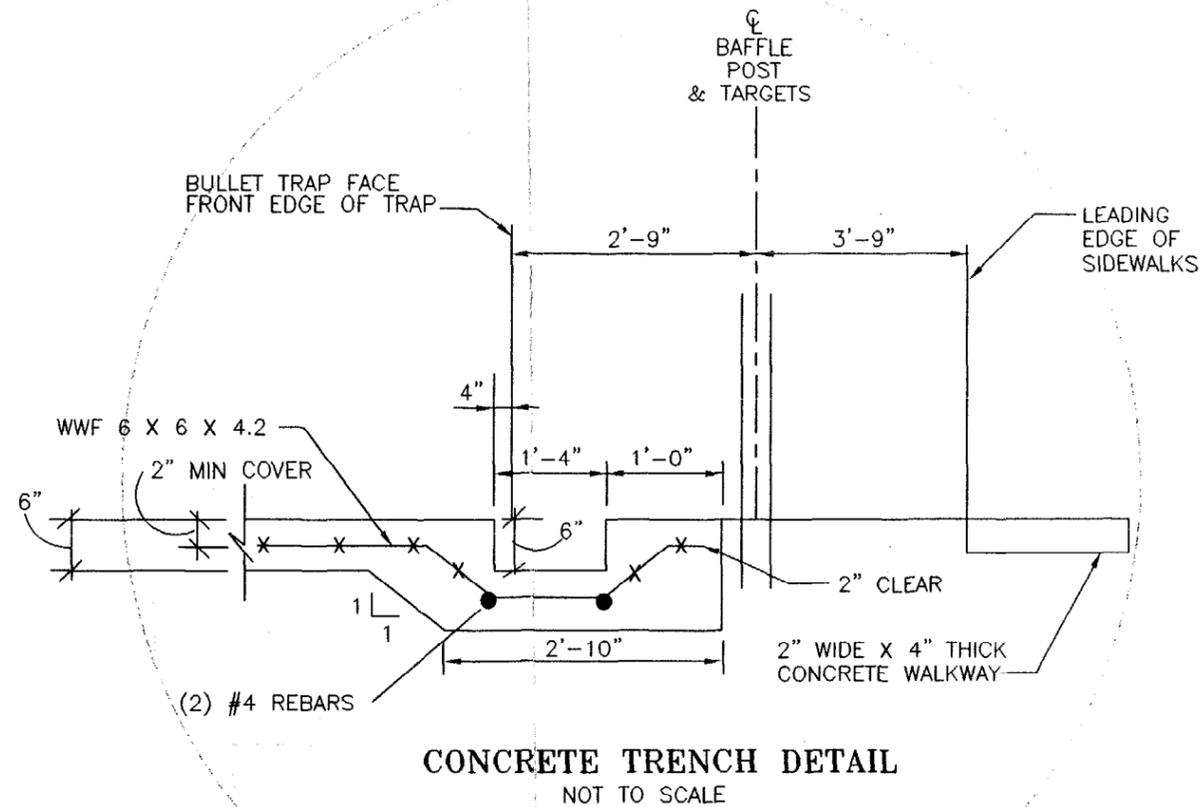
**FIGURE 3**  
**RANGE I-1**  
**PLAN VIEW**

DRAWING NUMBER: \_\_\_\_\_  
SHEET NUMBER: \_\_\_\_\_  
DATE: 10/20/99

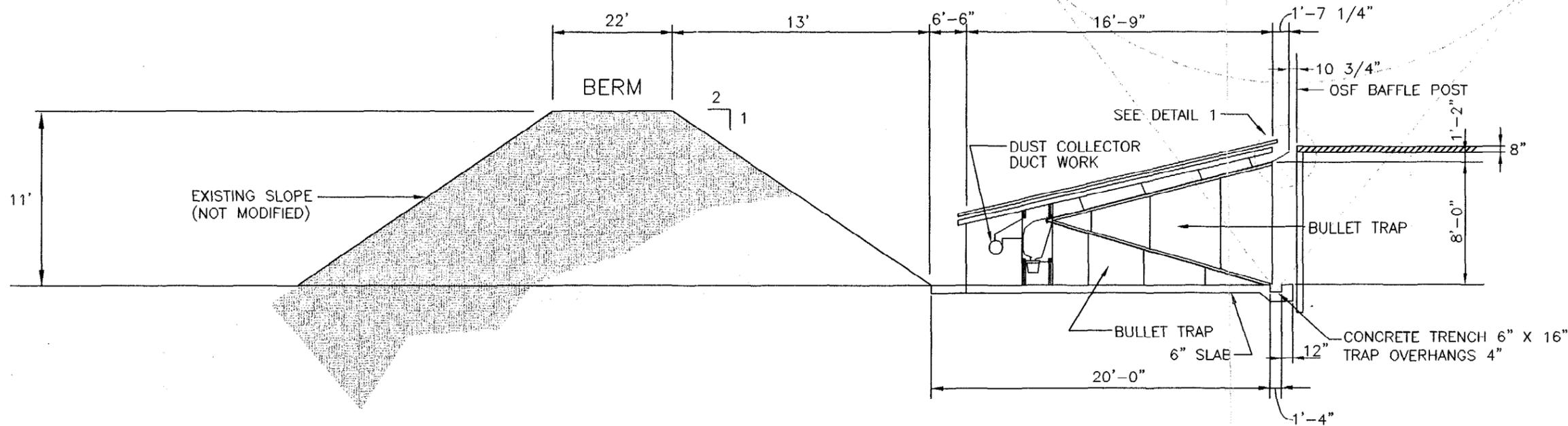
02587AABB12



**DETAIL 1**  
NOT TO SCALE



**CONCRETE TRENCH DETAIL**  
NOT TO SCALE



**SECTION A**  
N.T.S.

**RECORD DRAWING**

**OHM Remediation Services Corp.**  
Norcross, Georgia  
A Subsidiary of OHM Corporation

SUBMITTED: \_\_\_\_\_ DATE: \_\_\_\_\_  
PROJECT MANAGER: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
SR. PROJECT ENGINEER: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
DEPT. MANAGER: \_\_\_\_\_

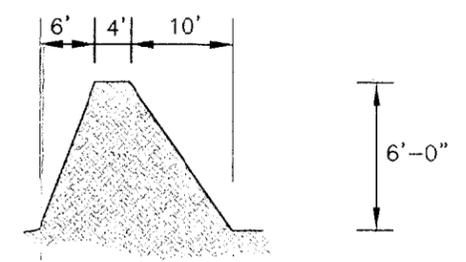
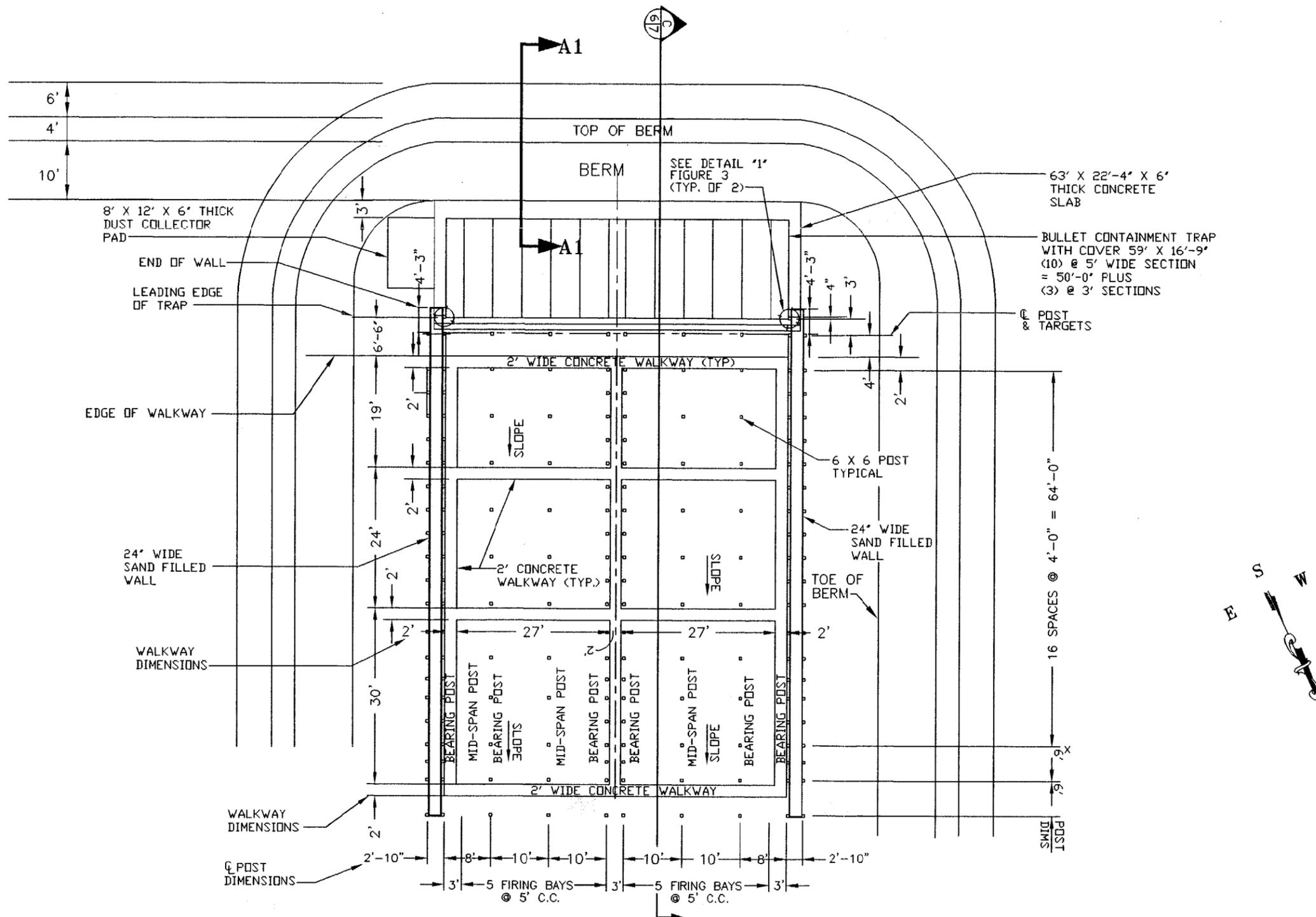
REVISIONS				
REV.	DESCRIPTION	BY	DATE	APP.
1	ISSUED WITH WORK PLAN	-	10/23/98	-
2	RECORD DRAWING	-	11/18/99	-

DEPARTMENT OF THE NAVY NAVAL FACILITIES ENGINEERING COMMAND  
**ATLANTIC DIVISION**  
NAVAL STATION NORFOLK, VIRGINIA  
CONTRACT NO. N62470-97-D-5000 DELIVERY ORDER 0017  
OHM PROJECT NO. 920901 MARINE CORPS BASE, CAMP LEJEUNE, N.C.

**FIGURE 4**  
RANGE I-1  
BERM AND BULLET TRAP SECTION

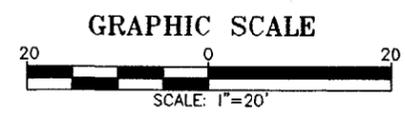
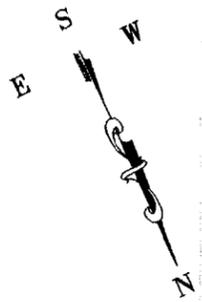
DRAWING NUMBER:  
SHEET NUMBER:  
DATE: 10/20/99

J:\LANDVA\LEJEUNE\920901\WP\AS-BUILT\FIG-4R.DWG



NEW BERM SECTION A1-A1

- NOTES:
1. WALL DETAILS SEE FIGURE 11.
  2. BAFFLE DETAILS SEE FIGURE 12.



J:\LAND\LEJUNE\920901\WP\99-b\1111\FG-6r.DWG

**OHM Remediation Services Corp.**  
 Norcross, Georgia  
 A Subsidiary of OHM Corporation

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 APPROVED: \_\_\_\_\_ SR. PROJECT ENGINEER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 APPROVED: \_\_\_\_\_ DEPT. MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

REVISIONS				
REV.	DESCRIPTION	BY	DATE	APP.
1	REVISED FOR WALL EXTENSION	-	9/15/98	JAD
2	ISSUED WITH WORK PLAN	-	10/23/98	-
3	RECORD DRAWING	-	11/18/99	-

DEPARTMENT OF THE NAVY      NAVAL FACILITIES ENGINEERING COMMAND

**ATLANTIC DIVISION**

NAVAL STATION      NORFOLK, VIRGINIA

CONTRACT NO. N82470-97-D-5000      DELIVERY ORDER 0017

OHM PROJECT NO. 920901      MARINE CORPS BASE, CAMP LEJUNE, N.C.

**RECORD DRAWING**

**FIGURE 6**

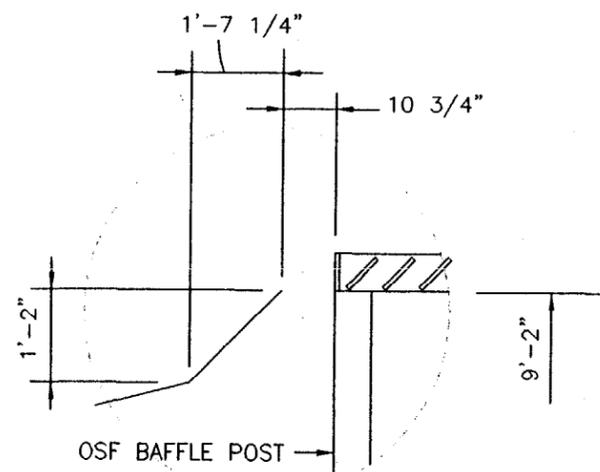
**RANGE B-12**

**PLAN VIEW**

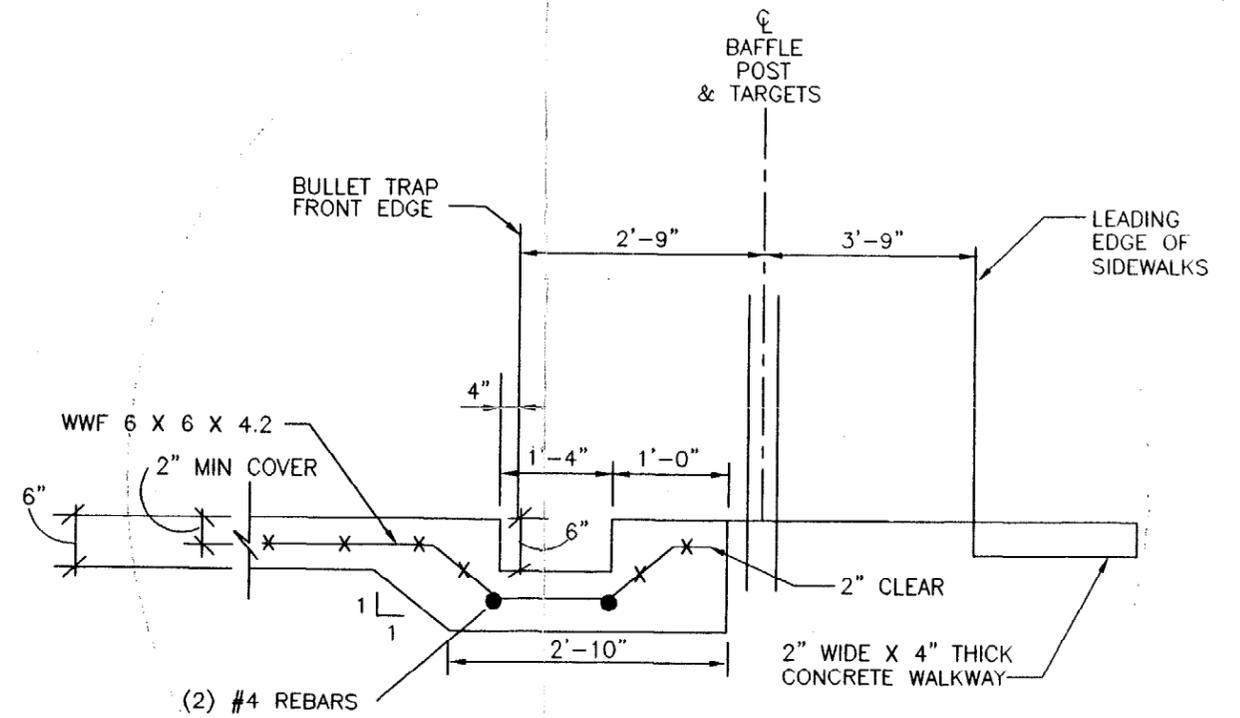
DRAWING NUMBER: \_\_\_\_\_

SHEET NUMBER: \_\_\_\_\_

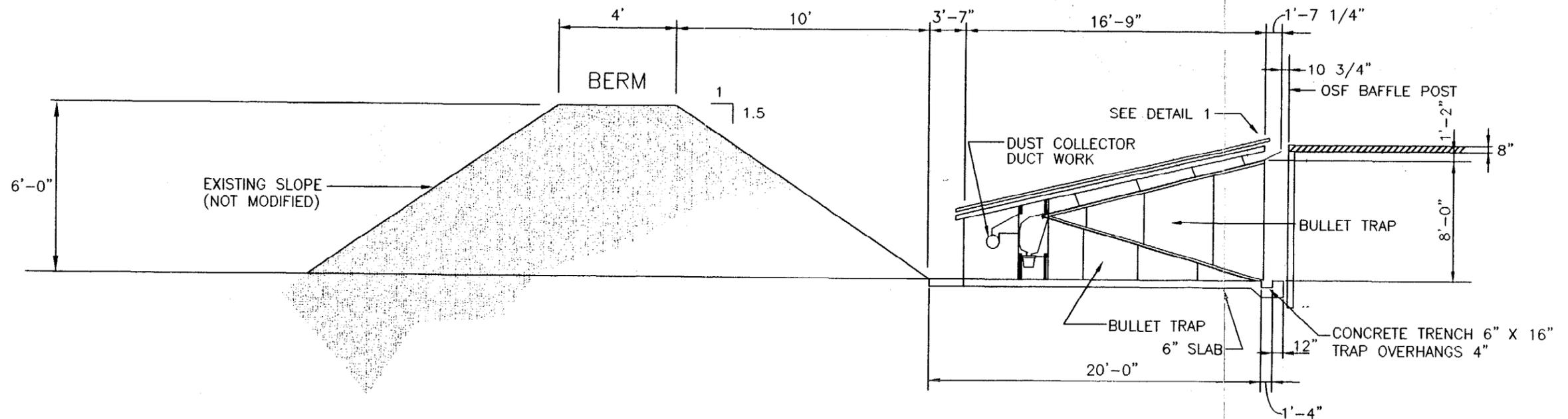
DATE: 10/20/99



**DETAIL 1**  
NOT TO SCALE



**CONCRETE TRENCH DETAIL**  
NOT TO SCALE



**SECTION C**  
N.T.S.

**RECORD DRAWING**

FIGURE 7

RANGE B-12  
BERM & BULLET  
TRAP SECTION

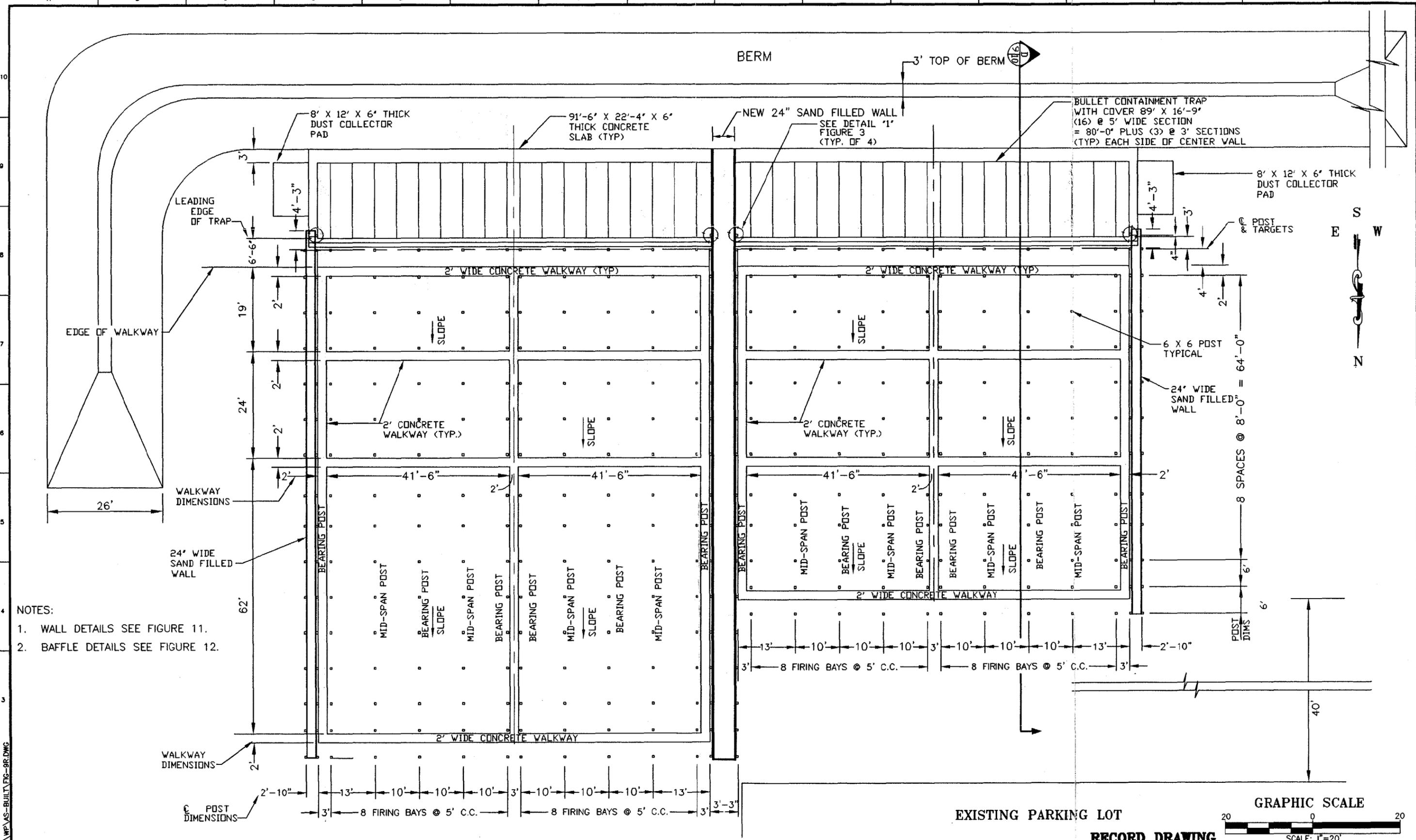
DRAWING NUMBER:  
SHEET NUMBER:  
DATE: 10/20/99

**OHM Remediation Services Corp.**  
Norcross, Georgia  
A Subsidiary of OHM Corporation

SUBMITTED: PROJECT MANAGER DATE:  
APPROVED: SR. PROJECT ENGINEER DATE:  
APPROVED: DEPT. MANAGER DATE:

REVISIONS					
REV.	DESCRIPTION	BY	DATE	APP.	
1	ISSUED WITH WORK PLAN	-	10/23/98	-	
2	RECORD DRAWING		11/18/99		

DEPARTMENT OF THE NAVY NAVAL FACILITIES ENGINEERING COMMAND  
**ATLANTIC DIVISION**  
NAVAL STATION NORFOLK, VIRGINIA  
CONTRACT NO. N62470-97-D-5000 DELIVERY ORDER 0017  
OHM PROJECT NO. 920901 MARINE CORPS BASE, CAMP LEJUNE, N.C.



- NOTES:
1. WALL DETAILS SEE FIGURE 11.
  2. BAFFLE DETAILS SEE FIGURE 12.

REVISIONS				
REV.	DESCRIPTION	BY	DATE	APP.
1	REVISED FOR WALL EXTENSION	-	9/15/98	JAD
2	ISSUED WITH WORK PLAN	-	10/23/98	-
3	RECORD DRAWING	-	11/18/98	-

**OHM Remediation Services Corp.**  
Norcross, Georgia  
A Subsidiary of OHM Corporation

SUBMITTED: \_\_\_\_\_ DATE: \_\_\_\_\_  
PROJECT MANAGER: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
SR. PROJECT ENGINEER: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
DEPT. MANAGER: \_\_\_\_\_

CADD FILE: \_\_\_\_\_  
DRAWN: J. LANGE  
DESIGNED: J. DUNN  
CHECKED: J. DUNN  
CHECKED: \_\_\_\_\_

DEPARTMENT OF THE NAVY  
NAVAL FACILITIES ENGINEERING COMMAND

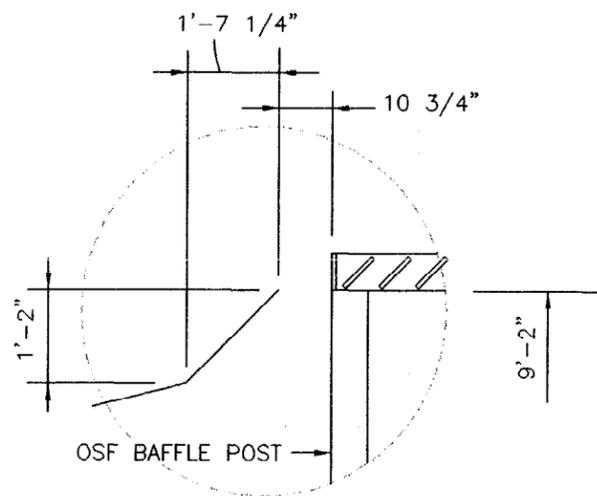
**ATLANTIC DIVISION**

NAVAL STATION NORFOLK, VIRGINIA  
CONTRACT NO. N62470-97-D-5000 DELIVERY ORDER 0017  
OHM PROJECT NO. 920901 MARINE CORPS BASE, CAMP LEJUNE, N.C.

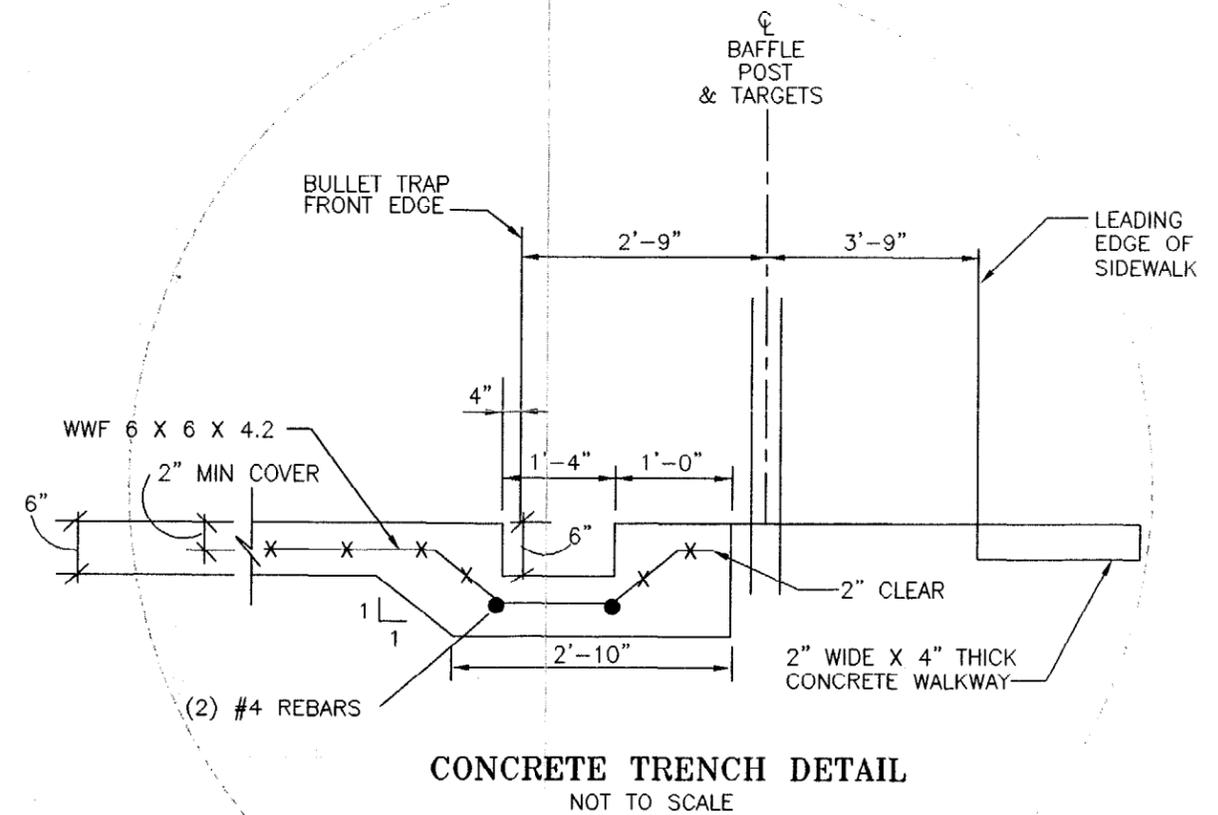
**FIGURE 9**  
**RANGE F-11**  
**PLAN VIEW**

DRAWING NUMBER: \_\_\_\_\_  
SHEET NUMBER: \_\_\_\_\_  
DATE: 8/18/98

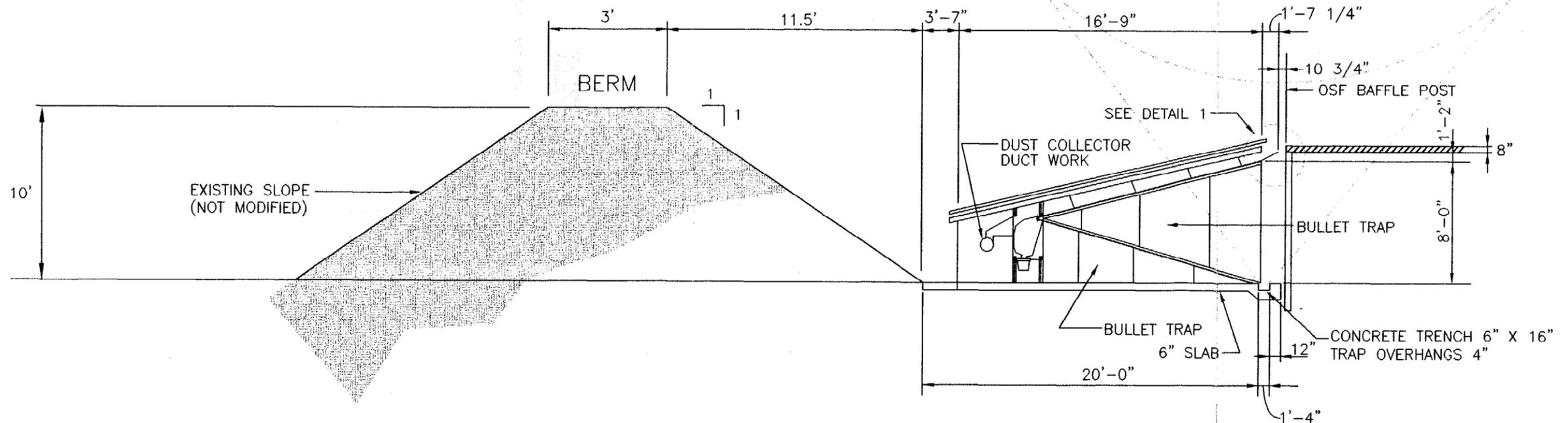
J:\ANTONIA\LEJUNE\920901\WP\AS-BUILT\FG-9R.DWG



**DETAIL 1**  
NOT TO SCALE



**CONCRETE TRENCH DETAIL**  
NOT TO SCALE



**SECTION D**  
N.T.S.

**RECORD DRAWING**

**OHM Remediation Services Corp.**  
Norcross, Georgia  
A Subsidiary of OHM Corporation

SUBMITTED: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

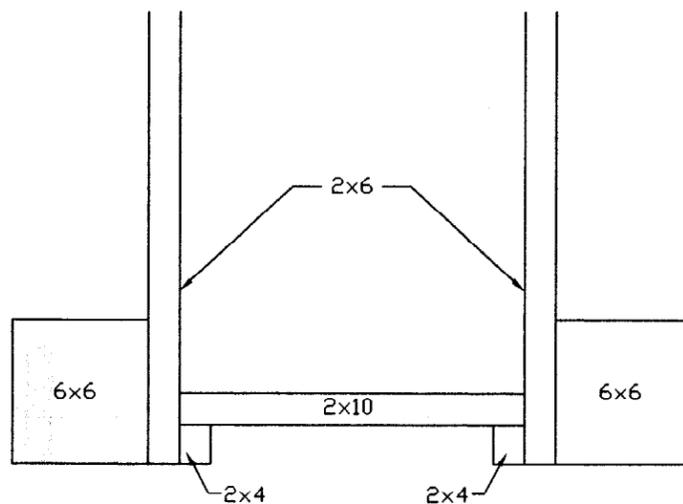
REVISIONS				
REV.	DESCRIPTION	BY	DATE	APP.
1	ISSUED WITH WORK PLAN	-	10/23/98	-
2	RECORD DRAWING	-	11/18/99	-

DEPARTMENT OF THE NAVY NAVAL FACILITIES ENGINEERING COMMAND  
**ATLANTIC DIVISION**  
NAVAL STATION NORFOLK, VIRGINIA  
CONTRACT NO. N62470-97-D-5000 DELIVERY ORDER 0017  
OHM PROJECT NO. 920901 MARINE CORPS BASE, CAMP LEJUNE, N.C.

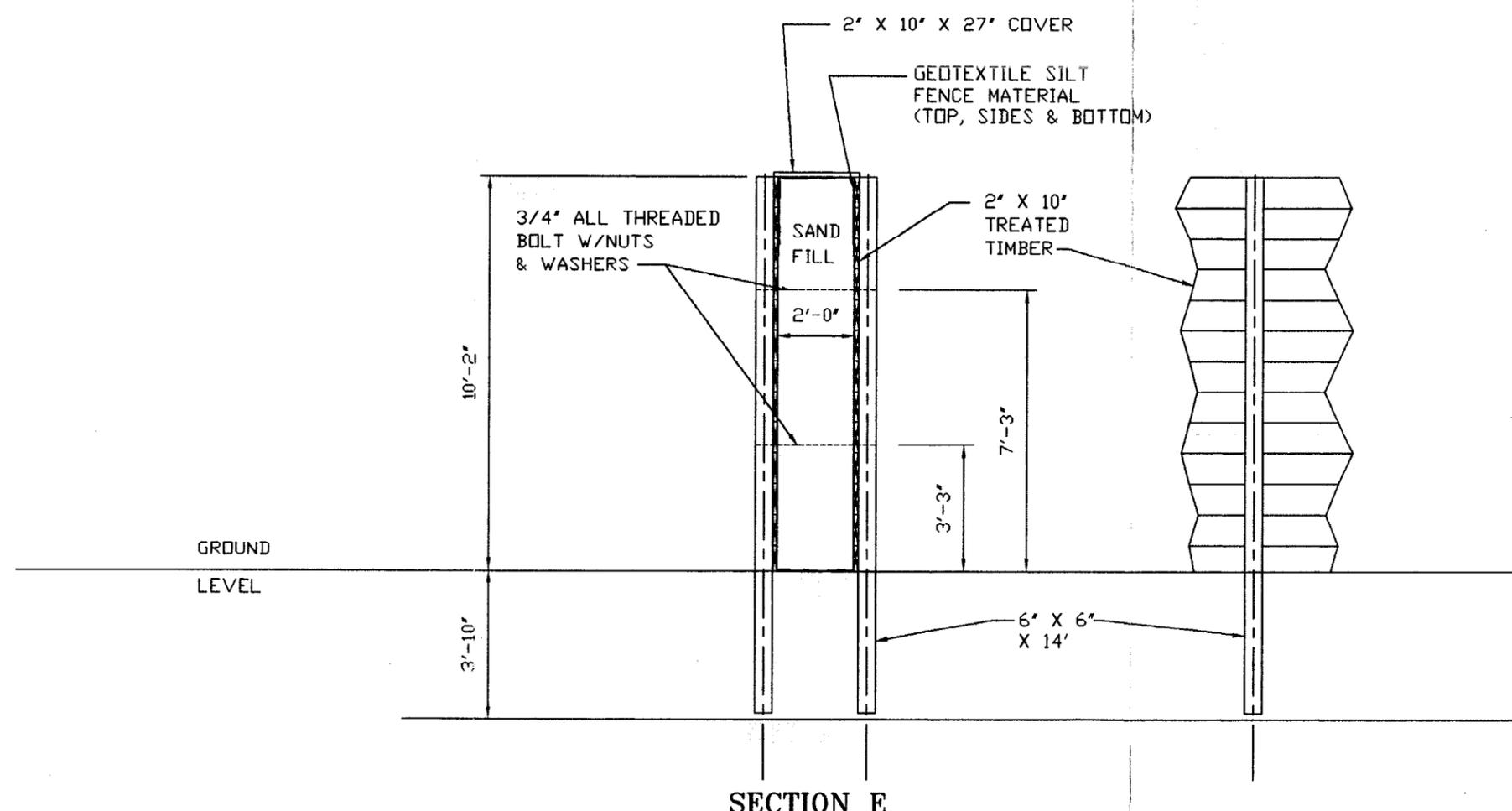
**FIGURE 10**  
**RANGE F-11**  
**BERM & BULLET TRAP SECTION**

DRAWING NUMBER: \_\_\_\_\_  
SHEET NUMBER: \_\_\_\_\_  
DATE: 8/18/98

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**END OF WALL**  
(TYPICAL)  
NTS



SCALE = 1/4" = 1'-0"

**RECORD DRAWING**

**OHM Remediation Services Corp.**  
Norcross, Georgia  
A Subsidiary of OHM Corporation

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APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

REVISIONS					
REV.	DESCRIPTION	BY	DATE	APP.	
1	ISSUED WITH WORK PLAN	-	10/23/98	-	
2	RECORD DRAWING		11/18/99		

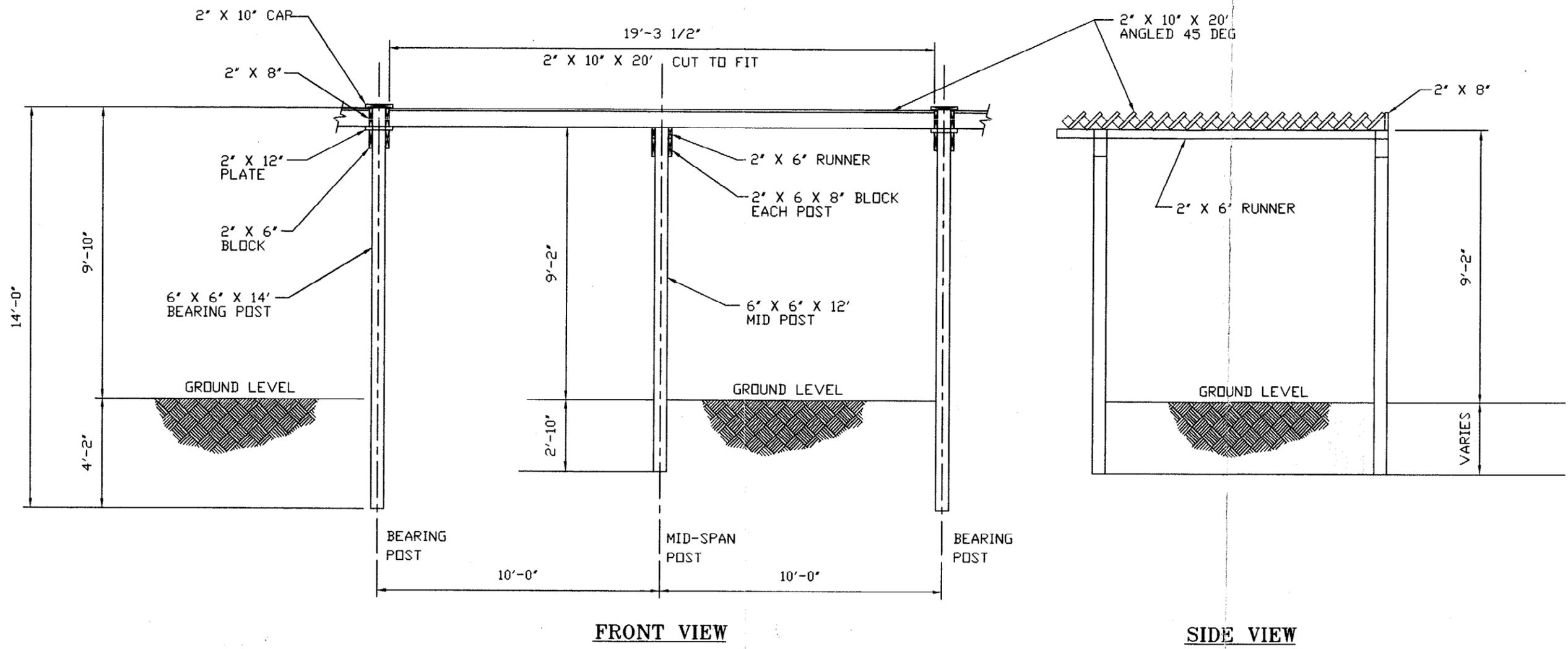
CADD FILE: \_\_\_\_\_  
DRAWN: \_\_\_\_\_  
DESIGNED: J. DUNN  
CHECKED: J. DUNN  
CHECKED: \_\_\_\_\_

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**ATLANTIC DIVISION**  
NAVAL STATION NORFOLK, VIRGINIA  
CONTRACT NO. N68470-97-D-5000 DELIVERY ORDER 0017  
OHM PROJECT NO. 920901 MARINE CORPS BASE, CAMP LEJEUNE, N.C.

**FIGURE 11**  
**WALLS**  
**FRONT AND SIDE VIEWS**

DRAWING NUMBER:  
SHEET NUMBER:  
DATE: 10/20/99

J:\LANTDV\LEJEUNE\920901\WP\AS-BUILT\FG-11R.DWG



SCALE = 1/4" = 1'-0"

**RECORD DRAWING**

**OHM Remediation Services Corp.**  
 Norcross, Georgia  
 A Subsidiary of OHM Corporation

SUBMITTED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PROJECT MANAGER: \_\_\_\_\_  
 APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SR. PROJECT ENGINEER: \_\_\_\_\_  
 APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DEPT. MANAGER: \_\_\_\_\_

REVISIONS					
REV.	DESCRIPTION	BY	DATE	APP.	
1	REVISED BAFFLE HEIGHT TO MATCH BULLET TRAP	-	9/15/98	JAD	
2	ISSUED WITH WORK PLAN	-	10/23/98	-	
3	RECORD DRAWING		11/18/98		

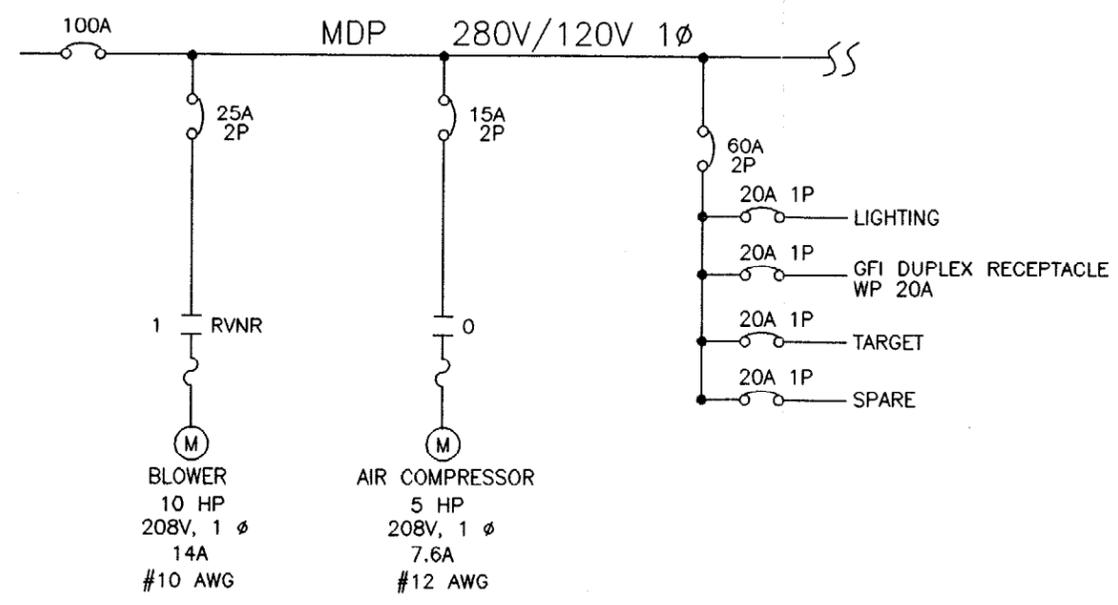
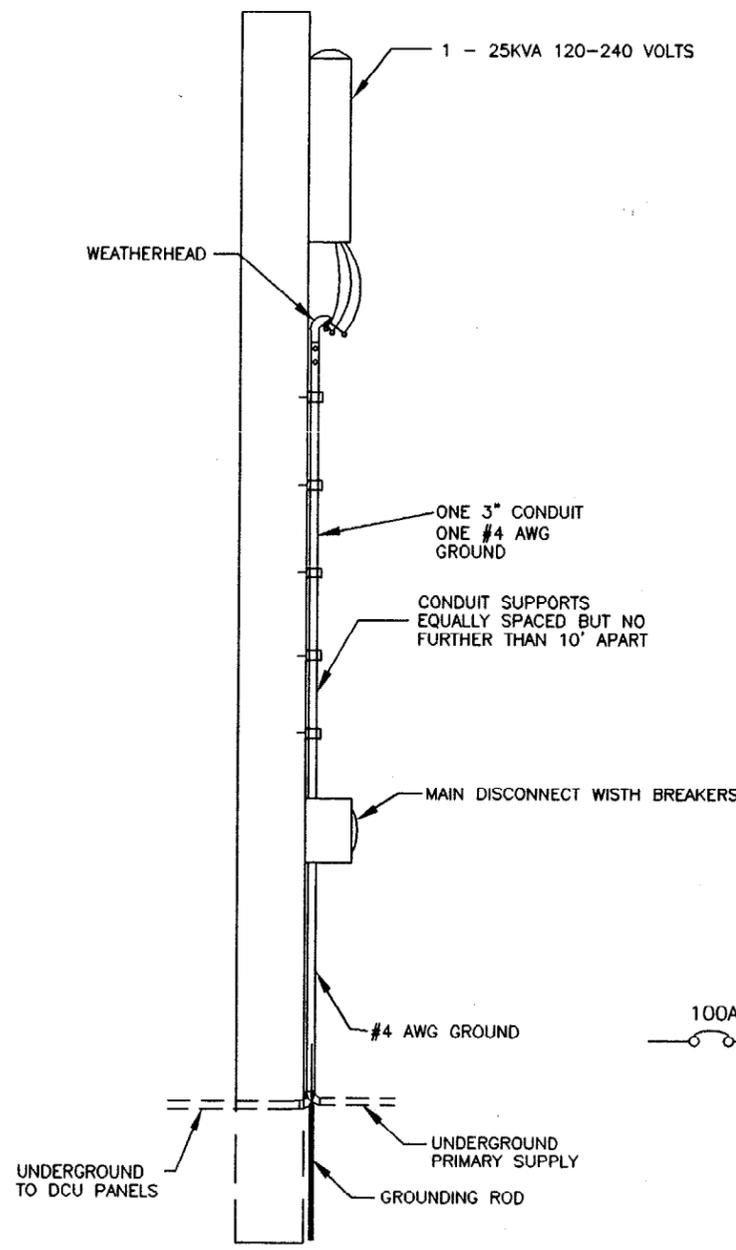
CADD FILE: \_\_\_\_\_  
 DRAWN: \_\_\_\_\_  
 DESIGNED: J. DUNN  
 CHECKED: J. DUNN  
 CHECKED: \_\_\_\_\_

DEPARTMENT OF THE NAVY NAVAL FACILITIES ENGINEERING COMMAND  
**ATLANTIC DIVISION**  
 NAVAL STATION NORFOLK, VIRGINIA  
 CONTRACT NO. N62470-97-D-5000 DELIVERY ORDER 0017  
 OHM PROJECT NO. 920901 MARINE CORPS BASE, CAMP LEJUNE, N.C.

**FIGURE 12**  
**NEW BAFFLE DETAILS**  
**FRONT AND SIDE VIEWS**

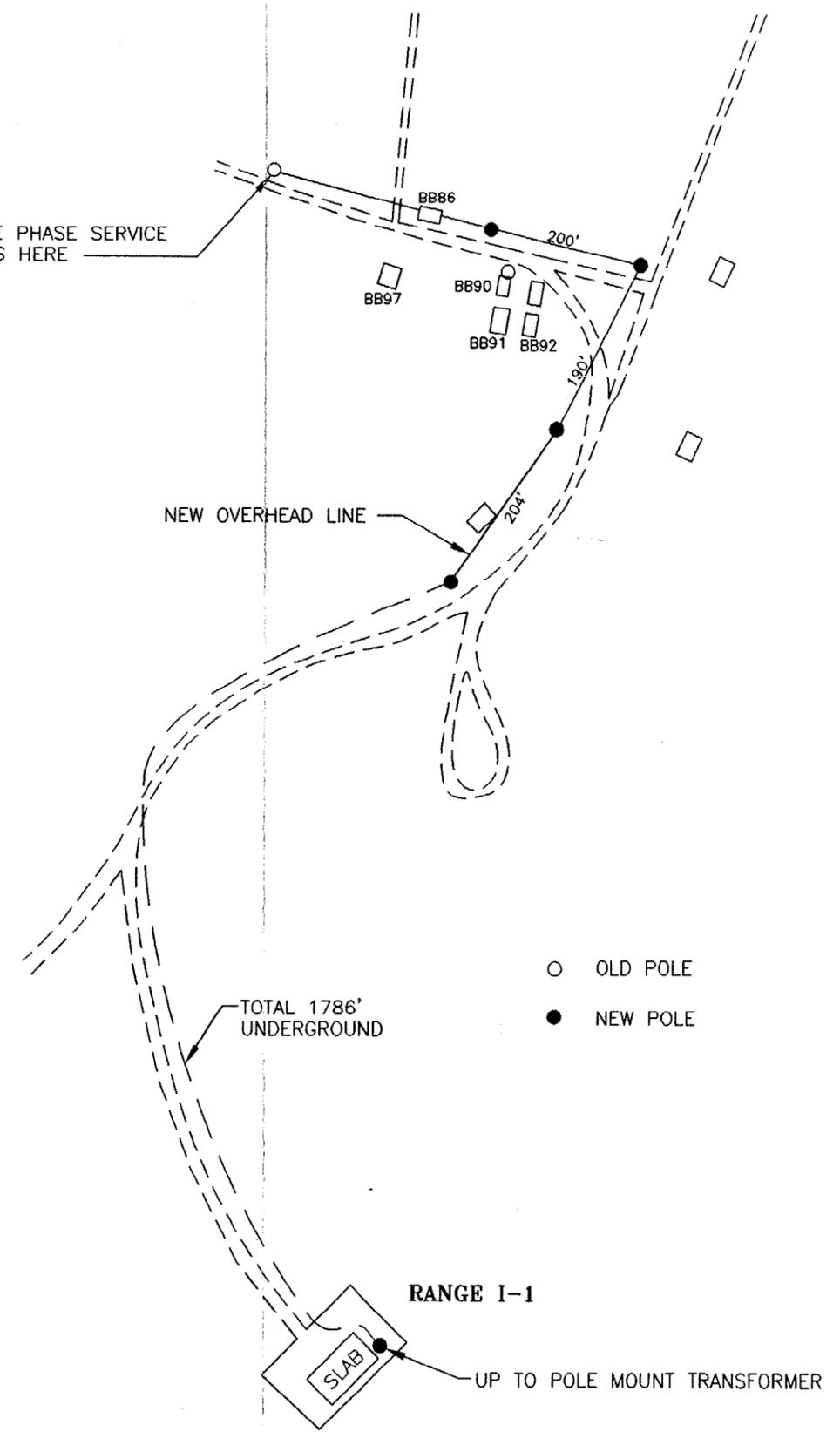
DRAWING NUMBER:	
SHEET NUMBER:	
DATE:	10/20/99

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ONE LINE DIAGRAM  
N.T.S.

SINGLE PHASE SERVICE STARTS HERE



RECORD DRAWING

FIGURE 13  
RANGE I-1  
ELECTRICAL PLANS

**OHM Remediation Services Corp.**  
Norcross, Georgia  
A Subsidiary of OHM Corporation

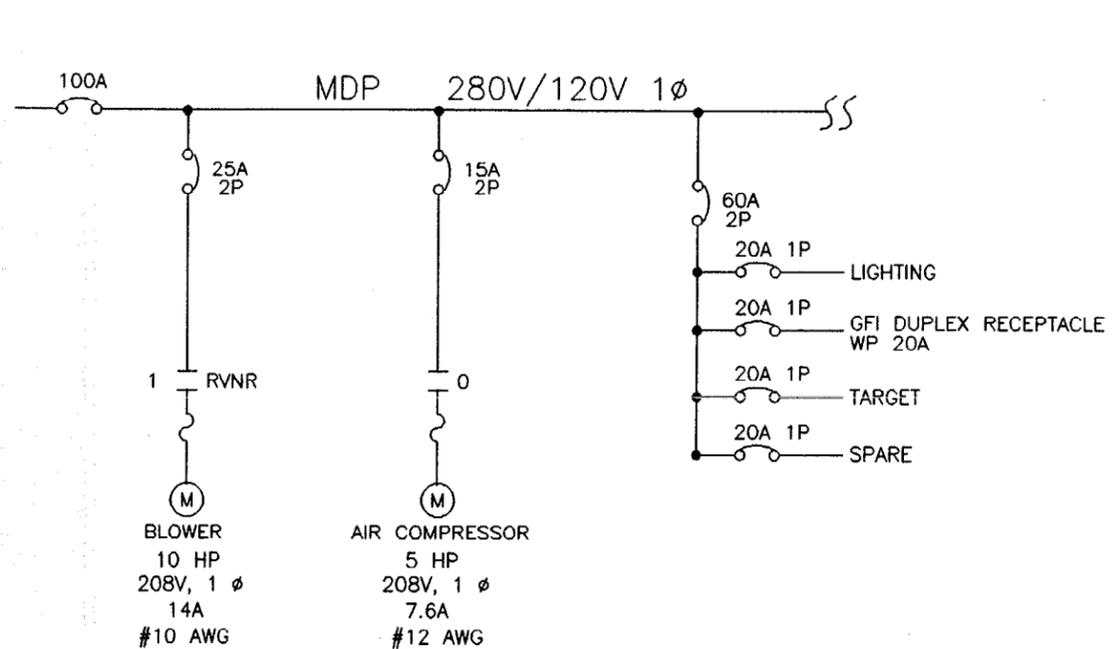
SUBMITTED: \_\_\_\_\_ PROJECT MANAGER DATE: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ SR. PROJECT ENGINEER DATE: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ DEPT. MANAGER DATE: \_\_\_\_\_

REVISIONS				
REV.	DESCRIPTION	BY	DATE	APP.
1	ISSUED WITH WORK PLAN	-	10/23/98	-
2	RECORD DRAWING	-	11/18/98	-

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NAVAL STATION NORFOLK, VIRGINIA  
CONTRACT NO. N62470-97-D-5000 DELIVERY ORDER 0017  
OHM PROJECT NO. 920901 MARINE CORPS BASE, CAMP LEJUNE, N.C.

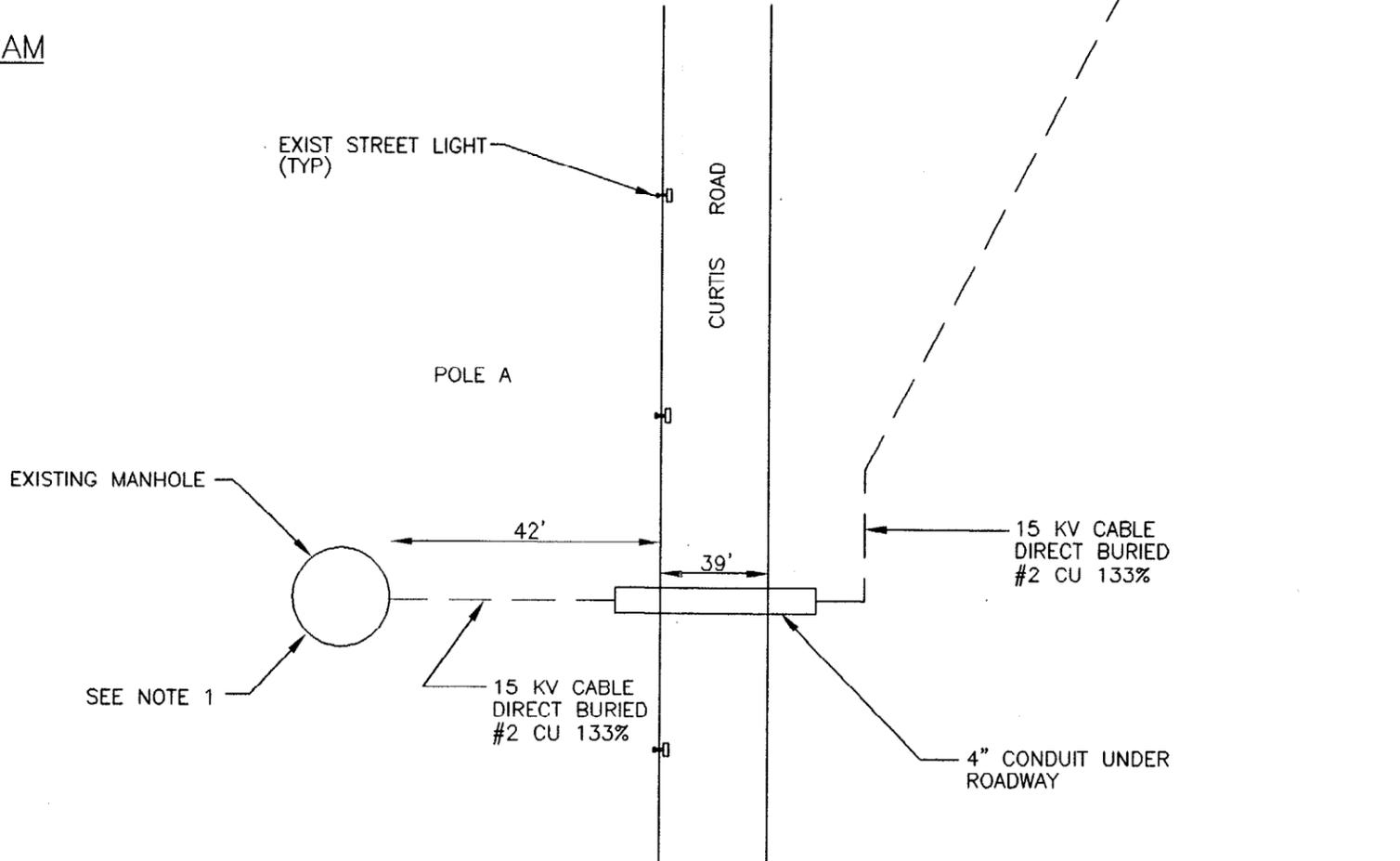
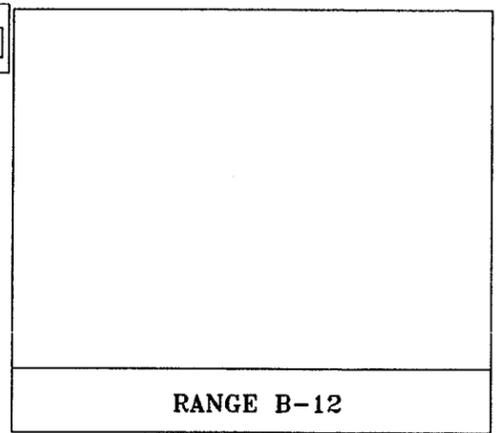
DRAWING NUMBER:  
SHEET NUMBER:  
DATE: 10/20/99

J:\ANTIDVA\LEJUNE\920901\WP\AS-BUILT\FIG-13R.DWG



ONE LINE DIAGRAM  
N.T.S.

DISTRIBUTION PANEL  
NEW 75 KVA PAD MOUNT TRANSFORMER  
12.470 KV- 277/480 3φ



- NOTES:
1. NEW CABLE ROUTED THROUGH MANHOLE WALL, WITH 3 T SPLICE IN EXISTING PRIMARY CU.
  2. MAIN DISTRIBUTION PANEL IS SERVICE RATED.

RECORD DRAWING

FIGURE 14  
RANGE B-12  
ELECTRICAL PLANS

**OHM Remediation Services Corp.**  
Norcross, Georgia  
A Subsidiary of OHM Corporation

SUBMITTED: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

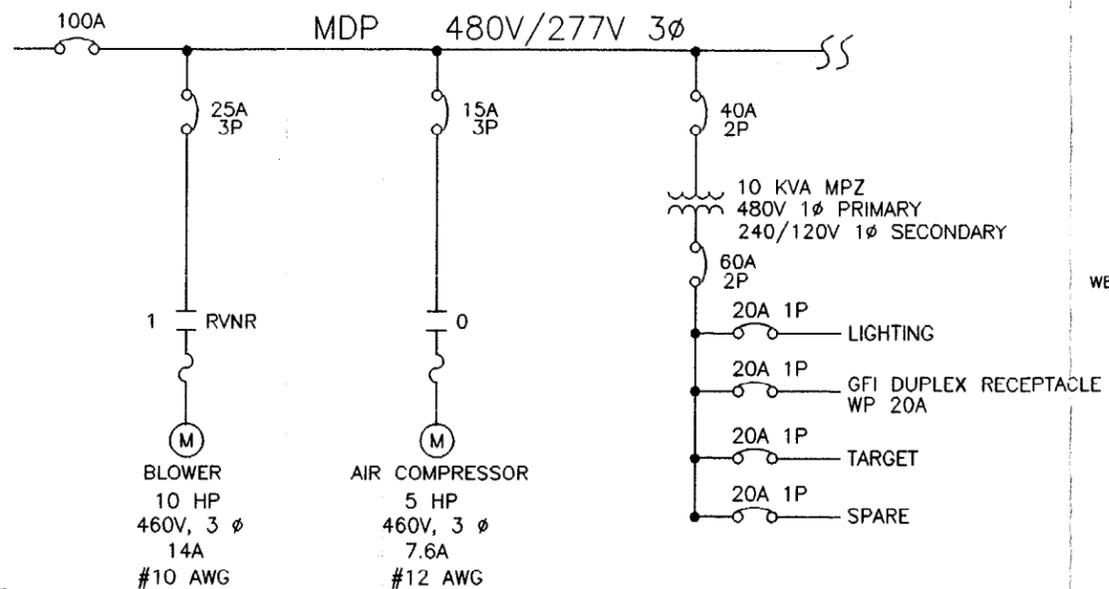
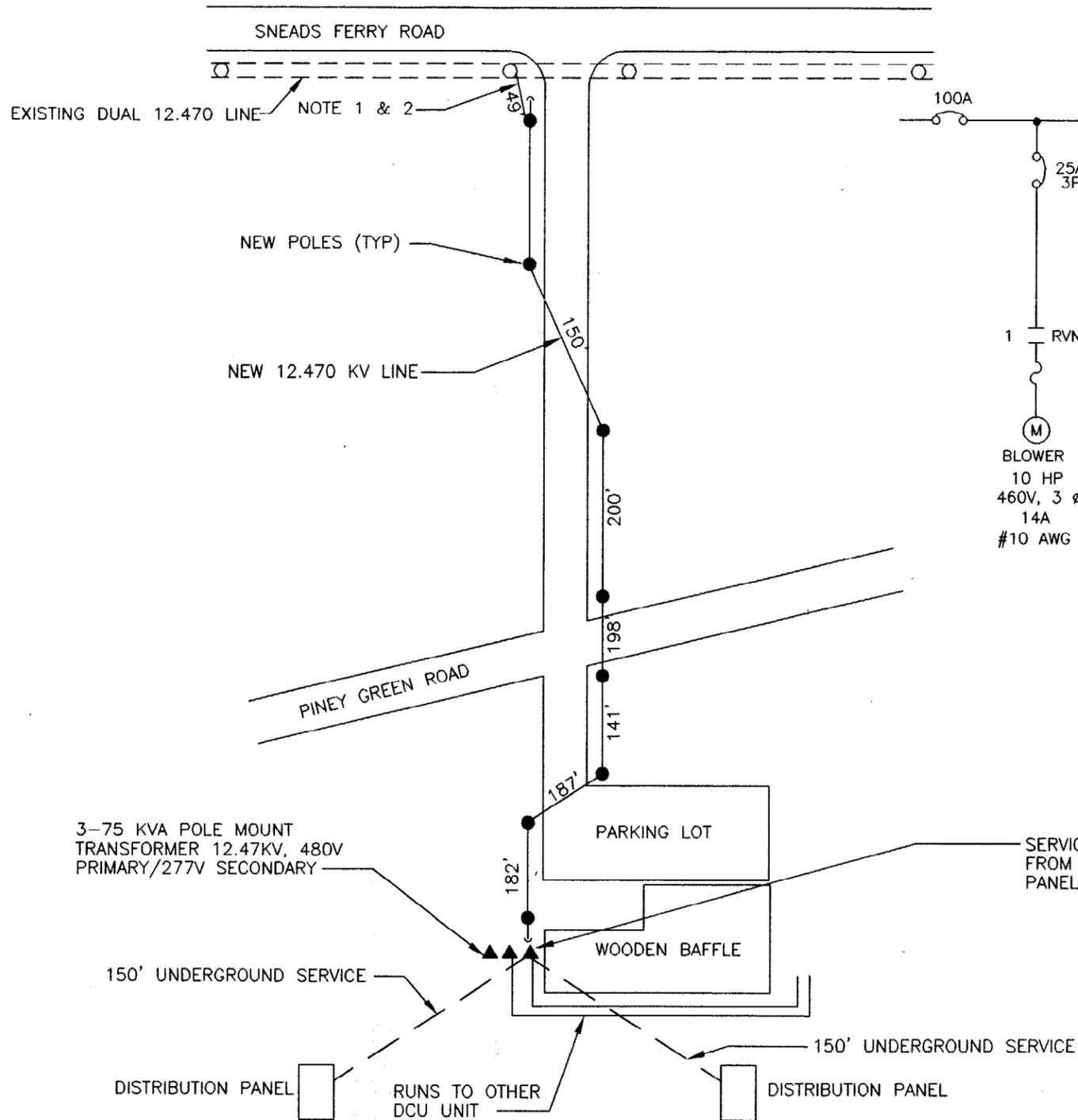
REVISIONS				
REV.	DESCRIPTION	BY	DATE	APP.
1	ISSUED WITH WORK PLAN	-	10/23/98	-
2	RECORD DRAWING		11/18/98	

CADD FILE: \_\_\_\_\_  
DRAWN: J. LANGE  
DESIGNED: J. DUNN  
CHECKED: J. DUNN  
CHECKED: \_\_\_\_\_

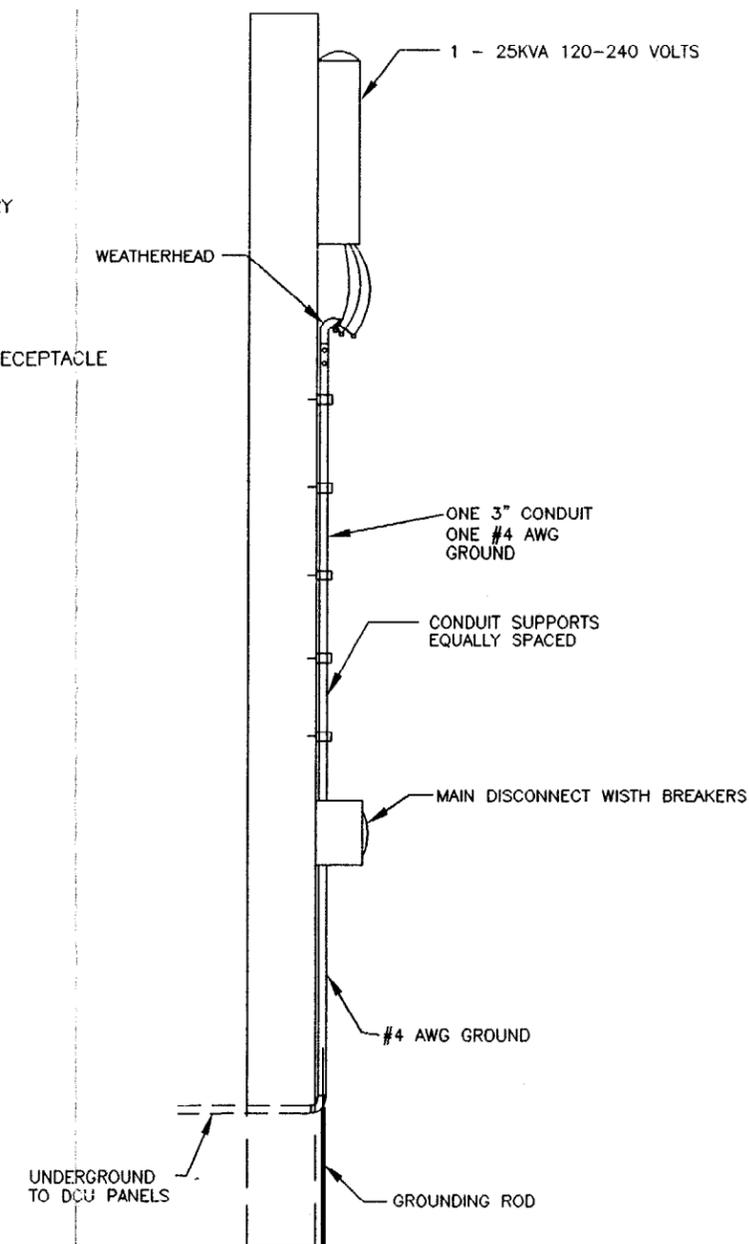
DEPARTMENT OF THE NAVY NAVAL FACILITIES ENGINEERING COMMAND  
**ATLANTIC DIVISION**  
NAVAL STATION NORFOLK, VIRGINIA  
CONTRACT NO. N62470-97-D-5000 DELIVERY ORDER 0017  
OHM PROJECT NO. 920901 MARINE CORPS BASE, CAMP LEJEUNE, N.C.

DRAWING NUMBER:  
SHEET NUMBER:  
DATE: 8/27/98

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ONE LINE DIAGRAM  
N.T.S.  
TYPICAL EACH PANEL



- NOTE:
1. SLACK SPAN FROM EXISTING POLE TO FIRST NEW POLE TO ELIMATE SPAN GUY ACROSS SNEADS FERRY ROAD.
  2. NEW 12.470 KV LINE FUSED AT EXIST POLE.
  3. EACH DISTRIBUTION PANEL IS SERVICE RATED.

RECORD DRAWING

FIGURE 15  
RANGE F-11  
ELECTRICAL PLANS

**OHM Remediation Services Corp.**  
Norcross, Georgia  
A Subsidiary of OHM Corporation

SUBMITTED: \_\_\_\_\_ PROJECT MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ SR. PROJECT ENGINEER: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ DEPT. MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

REVISIONS					
REV.	DESCRIPTION	BY	DATE	APP.	
1	ISSUED WITH WORK PLAN	-	10/23/98	-	

DEPARTMENT OF THE NAVY NAVAL FACILITIES ENGINEERING COMMAND  
**ATLANTIC DIVISION**  
NAVAL STATION NORFOLK, VIRGINIA  
CONTRACT NO. N62470-97-D-5000 DELIVERY ORDER 0017  
OHM PROJECT NO. 920901 MARINE CORPS BASE, CAMP LEJUNE, N.C.

DRAWING NUMBER:  
SHEET NUMBER:  
DATE: 10/20/99

J:\LAND\DA\LEJUNE\920901\WP\cs-buik\FIG-15r.DWG

**APPENDIX B**  
**PHOTOGRAPHIC DOCUMENTATION**

## **RANGE I-1**



**SITE:** RANGE I-1  
**VIEW TOWARDS:** SOUTH WEST  
**DESCRIPTION:** OVERALL VIEW OF RANGE PRIOR TO CONSTRUCTION



**SITE:** RANGE I-1  
**VIEW TOWARDS:** SOUTH WEST  
**DESCRIPTION:** FIRING AREA PRIOR TO CONSTRUCTION



**SITE:** RANGE I-1  
**VIEW TOWARDS:** WEST  
**DESCRIPTION:** DEMOLITION OF EXISTING STRUCTURES



**SITE:** RANGE I-1  
**VIEW TOWARDS:** SOUTH  
**DESCRIPTION:** SITE PREPARATION-CLEARING AND GRUBBING



**SITE:** RANGE I-1  
**VIEW TOWARDS:** SOUTH  
**DESCRIPTION:** POWER SCREENING OPERATIONS



**SITE:** RANGE I-1  
**VIEW TOWARDS:** EAST  
**DESCRIPTION:** STOCKPILED MATERIAL



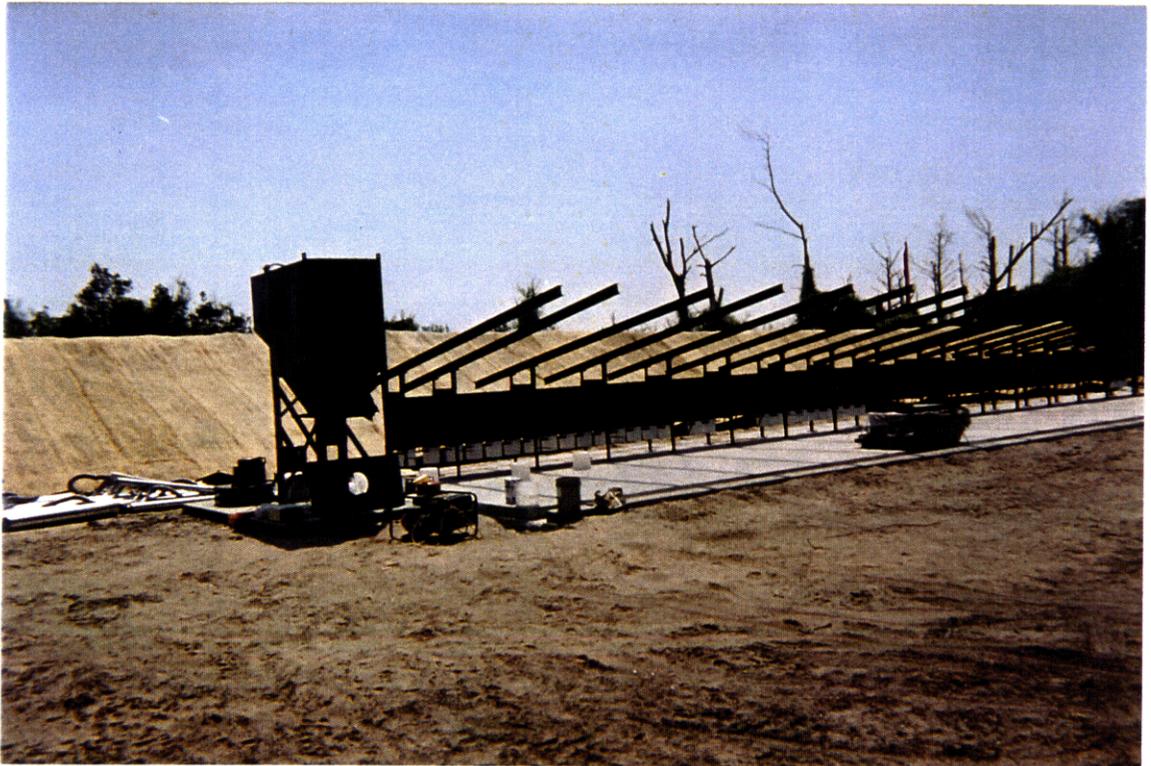
**SITE:** RANGE I-1  
**VIEW TOWARDS:** SOUTH WEST  
**DESCRIPTION:** EXCAVATED BERM



**SITE:** RANGE I-1  
**VIEW TOWARDS:** SOUTH  
**DESCRIPTION:** GRADED FIRING AREA AND BERM



**SITE:** RANGE I-1  
**VIEW TOWARDS:** WEST  
**DESCRIPTION:** PREPARING FORM FOR CONCRETE FOUNDATION SLAB



**SITE:** RANGE I-1  
**VIEW TOWARDS:** SOUTH WEST  
**DESCRIPTION:** BULLET TRAP CONSTRUCTION



**SITE:** RANGE I-1  
**VIEW TOWARDS:** SOUTH  
**DESCRIPTION:** DUST COLLECTOR ASSEMBLY CONSTRUCTION



**SITE:** RANGE I-1  
**VIEW TOWARDS:** SOUTH  
**DESCRIPTION:** FRONT VIEW OF BULLET TRAP



**SITE:** RANGE I-1  
**VIEW TOWARDS:** SOUTH  
**DESCRIPTION:** CONSTRUCTION OF SIDEWALLS AND BAFFLE POSTS



**SITE:** RANGE I-1  
**VIEW TOWARDS:** WEST  
**DESCRIPTION:** CONSTRUCTION OF BAFFLE



**SITE:** RANGE I-1  
**VIEW TOWARDS:** NORTH  
**DESCRIPTION:** REAR VIEW OF COMPLETED BULLET TRAP ASSEMBLY



**SITE:** RANGE I-1  
**VIEW TOWARDS:** SOUTH WEST  
**DESCRIPTION:** COMPLETED FIRING RANGE

## **RANGE B-12**



**SITE:** RANGE B-12  
**VIEW TOWARDS:** SOUTH  
**DESCRIPTION:** RECONSTRUCTED BERM AND GRADED SITE



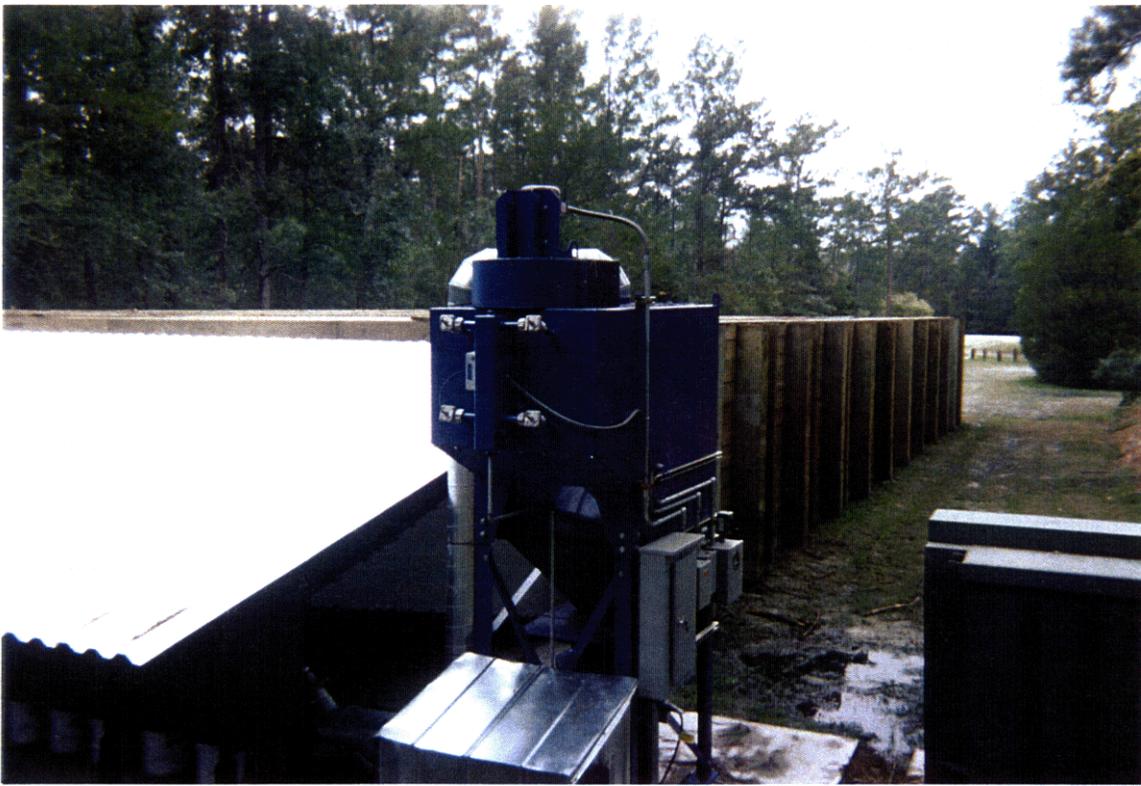
**SITE:** RANGE B-12  
**VIEW TOWARDS:** SOUTH  
**DESCRIPTION:** CONSTRUCTION OF BULLET TRAP



**SITE:** RANGE B-12  
**VIEW TOWARDS:** SOUTH WEST  
**DESCRIPTION:** INSTALLATION OF FORM FOR SIDEWALKS



**SITE:** RANGES B-12  
**VIEW TOWARDS:** NORTH WEST  
**DESCRIPTION:** POURING CONCRETE FOR SIDEWALKS



**SITE:** RANGES B-12  
**VIEW TOWARDS:** NORTH  
**DESCRIPTION:** COMPLETED BULLET TRAP ASSEMBLY



**SITE:** RANGE B-12  
**VIEW TOWARDS:** SOUTH WEST  
**DESCRIPTION:** RECONSTRUCTED RANGE-FRONT VIEW

## **RANGE F-11**



**SITE:** RANGE F-11  
**VIEW TOWARDS:** SOUTH  
**DESCRIPTION:** PISTOL RANGE PRIOR TO CONSTRUCTION



**SITE:** RANGE F-11  
**VIEW TOWARDS:** SOUTH EAST  
**DESCRIPTION:** STOCKPILED MATERIALS AND GRADED BERM



**SITE:** RANGES F-11  
**VIEW TOWARDS:** SOUTH WEST  
**DESCRIPTION:** RECONSTRUCTED BERM AND SITE GRADING



**SITE:** RANGES F-11  
**VIEW TOWARDS:** WEST  
**DESCRIPTION:** COMPLETED FOUNDATION SLAB



**SITE:** RANGES F-11  
**VIEW TOWARDS:** WEST SOUTH WEST  
**DESCRIPTION:** BULLET TRAP CONSTRUCTION



**SITE:** RANGES F-11  
**VIEW TOWARDS:** SOUTH EAST  
**DESCRIPTION:** COMPLETED BULLET TRAP ASSEMBLY



**SITE:** RANGES F-11  
**VIEW TOWARDS:** SOUTH WEST  
**DESCRIPTION:** SIDEWALL CONSTRUCTION



**SITE:** RANGES F-11  
**VIEW TOWARDS:** SOUTH  
**DESCRIPTION:** COMPLETED SIDEWALLS AND REGRADING OF FIRING AREA



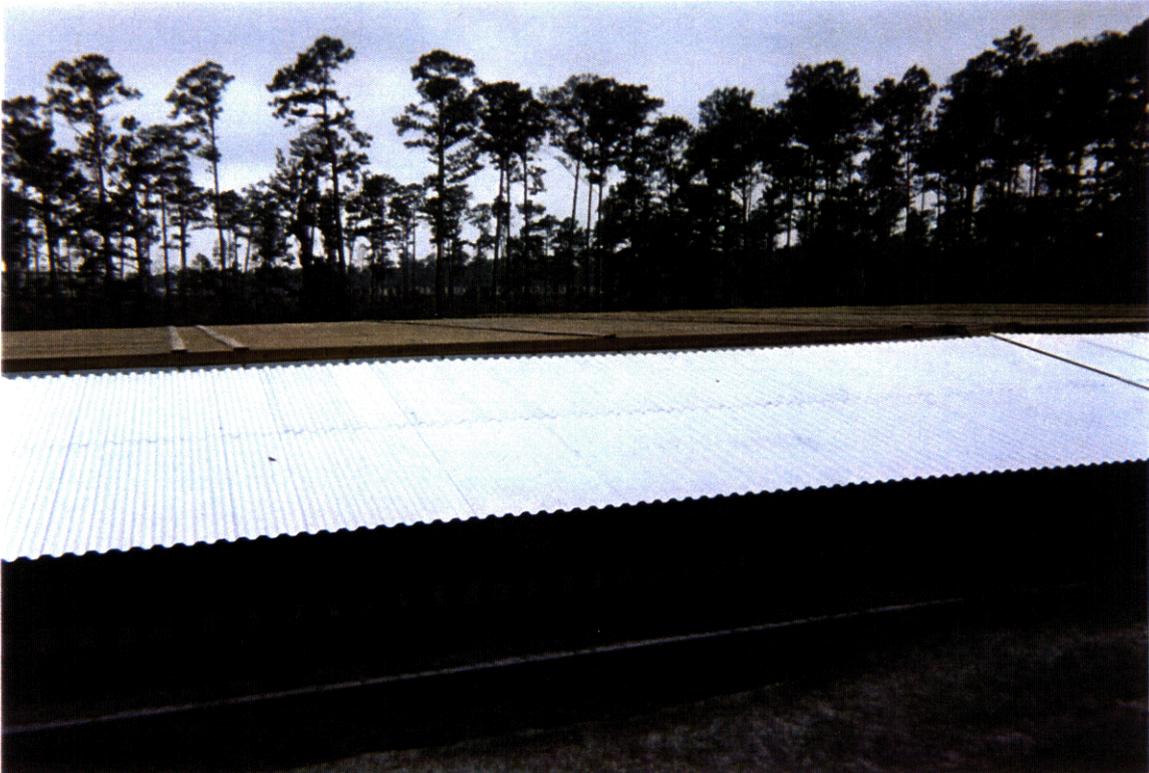
**SITE:** RANGES F-11  
**VIEW TOWARDS:** SOUTH  
**DESCRIPTION:** CONSTRUCTION OF BAFFLES AND INTERIOR POSTS



**SITE:** RANGES F-11  
**VIEW TOWARDS:** SOUTH  
**DESCRIPTION:** COMPLETED BAFFLES



**SITE:** RANGES F-11  
**VIEW TOWARDS:** SOUTH WEST  
**DESCRIPTION:** COMPLETED FIRING RANGE-FRONT VIEW



**SITE:** RANGES F-11  
**VIEW TOWARDS:** NORTH EAST  
**DESCRIPTION:** REAR VIEW OF BULLET TRAP

**APPENIDX C**  
**ANALYTICAL DATA, CHAIN OF CUSTODY**  
**DELIVERY TICKETS**

**ACCURA ANALYTICAL LABORATORY, INC.**  
6017 Financial Drive, Norcross, Georgia, 30071, Phone (770) 449-8800

**CASE NARRATIVE for Project Number: 19596**  
**Client Project: Camp Lejeune / 920901**

No problems were encountered with this project.



---

Quality Assurance

**ACCURA ANALYTICAL LABORATORY, INC.**

6017 Financial Drive, Norcross, Georgia 30071, Phone (770)449-8800, FAX (770)449-5477

FL Certification # E87429

NC Certification # 483

SC Certification # 98015

USACE-MRD Approved

**LABORATORY REPORT**

**Accura Sample ID #: AB61492**

**Accura Project #: 19596**

Client: IT/OHM Corporation-Norcross

Date Sampled: 2/4/99

Client Contact: RANDY SMITH

Date Received: 2/5/99

Client Project Number: 920901

Date Reported: 2/9/99

Client Project Name: CAMP LEJEUNE

Sample Matrix: SOIL

Client Sample ID: CLJ-17-R1-001 B-12

**ANALYSIS: TCLP Extraction Procedure**

Method Ref: 1311

Date Ext/Dig/Prep: 2/5/99

Date Analyzed: 2/6/99

Result Units:

Analyte Name

Analytical Results

Reported Detection Limits

TCLP Extraction

COMPLETE

**ANALYSIS: TCLP Leachate Fluid pH**

Method Ref: 1311

Date Ext/Dig/Prep: 2/5/99

Date Analyzed: 2/6/99

Result Units: pH Units

Analyte Name

Analytical Results

Reported Detection Limits

TCLP Leachate Fluid pH

5.4

**ANALYSIS: TCLP Metals - Lead**

Method Ref: 3010A/6010B

Date Ext/Dig/Prep: 2/5/99

Date Analyzed: 2/8/99

Result Units: mg/L

Analyte Name

Analytical Results

Reported Detection Limits

Lead (Reg Limit = 5.0)

<RDL

1.0



Accura Analytical Laboratory, Inc.

**ACCURA ANALYTICAL LABORATORY, INC.**

6017 Financial Drive, Norcross, Georgia 30071. Phone (770)449-8800, FAX (770)449-5477

FL Certification # E87429 NC Certification # 483 SC Certification # 98015 USACE-MRD Approved

**LABORATORY REPORT**

**Accura Sample ID #: AB61493**

**Accura Project #: 19596**

Client: IT/OHM Corporation-Norcross

Date Sampled: 2/4/99

Client Contact: RANDY SMITH

Date Received: 2/5/99

Client Project Number: 920901

Date Reported: 2/9/99

Client Project Name: CAMP LEJEUNE

Sample Matrix: SOIL

Client Sample ID: **METHOD BLANK**

**ANALYSIS: TCLP Extraction Procedure**

Method Ref: 1311

Date Ext/Dig/Prep: 2/5/99 Date Analyzed: 2/6/99

Result Units:

Analyte Name

Analytical Results

Reported Detection Limits

TCLP Extraction

COMPLETE

**ANALYSIS: TCLP Leachate Fluid pH**

Method Ref: 1311

Date Ext/Dig/Prep: 2/5/99 Date Analyzed: 2/6/99

Result Units: pH Units

Analyte Name

Analytical Results

Reported Detection Limits

TCLP Leachate Fluid pH

4.9

**ANALYSIS: TCLP Metals - Lead**

Method Ref: 3010A/6010B

Date Ext/Dig/Prep: 2/5/99 Date Analyzed: 2/8/99

Result Units: mg/L

Analyte Name

Analytical Results

Reported Detection Limits

Lead (Reg Limit = 5.0)

<RDL

1.0



Accura Analytical Laboratory, Inc.



**ACCURA ANALYTICAL LABORATORY, INC.**  
6017 Financial Drive, Norcross, Georgia, 30071, Phone (770) 449-8800

**CASE NARRATIVE for Project Number: 20614**  
**Client Project: Camp Lejeune Ranges / 920901**

No problems were encountered with this project.

A handwritten signature in black ink, appearing to be 'A. C. H.', written over a horizontal line.

Quality Assurance

# ACCURA ANALYTICAL LABORATORY, INC.

6017 Financial Drive, Norcross, Georgia 30071, Phone (770)449-8800, FAX (770)449-5477

FL Certification # E87429    NC Certification # 483    SC Certification # 98015    USACE-MRD Approved

## LABORATORY REPORT

**Accura Sample ID #: AB67592**

**Accura Project #: 20614**

Client: IT/OHM Corporation-Norcross

Date Sampled: 4/29/99

Client Contact: MARK MARTIN

Date Received: 4/30/99

Client Project Number: 920901

Date Reported: 5/5/99

Client Project Name: CAMP LEJEUNE RANGES

Sample Matrix: SOIL

Client Sample ID: CLJ-17-R1-002 I1 RANGE

### ANALYSIS: TCLP Extraction Procedure

Method Ref: 1311

Date Ext/Dig/Prep: 5/3/99

Date Analyzed: 5/4/99

Result Units:

#### Analyte Name

#### Analytical Results

#### Reported Detection Limits

TCLP Extraction

COMPLETE

### ANALYSIS: TCLP Metals - Lead

Method Ref: 3010A/6010B

Date Ext/Dig/Prep: 5/3/99

Date Analyzed: 5/4/99

Result Units: mg/L

#### Analyte Name

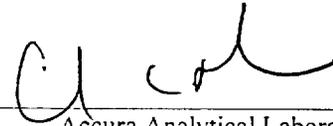
#### Analytical Results

#### Reported Detection Limits

Lead (Reg Limit = 5.0)

<RDL

1.0



Accura Analytical Laboratory, Inc.

# ACCURA ANALYTICAL LABORATORY, INC.

6017 Financial Drive, Norcross, Georgia 30071, Phone (770)449-8800, FAX (770)449-5477

FL Certification # E87429    NC Certification # 483    SC Certification # 98015    USACE-MRD Approved

## LABORATORY REPORT

Accura Sample ID #: AB67593

Accura Project #: 20614

Client: IT/OHM Corporation-Norcross

Date Sampled: 4/30/99

Client Contact: MARK MARTIN

Date Received: 4/30/99

Client Project Number: 920901

Date Reported: 5/5/99

Client Project Name: CAMP LEJEUNE RANGES

Sample Matrix: SOIL

Client Sample ID: METHOD BLANK

### ANALYSIS: TCLP Extraction Procedure

Method Ref: 1311

Date Ext/Dig/Prep: 5/3/99

Date Analyzed: 5/4/99

Result Units:

#### Analyte Name

#### Analytical Results

#### Reported Detection Limits

TCLP Extraction

COMPLETE

### ANALYSIS: TCLP Metals - Lead

Method Ref: 3010A/6010B

Date Ext/Dig/Prep: 5/3/99

Date Analyzed: 5/4/99

Result Units: mg/L

#### Analyte Name

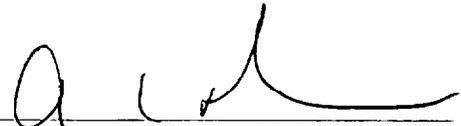
#### Analytical Results

#### Reported Detection Limits

Lead (Reg Limit = 5.0)

<RDL

1.0



Accura Analytical Laboratory, Inc.



# ACCURA ANALYTICAL LABORATORY, INC.

6017 Financial Drive, Norcross, Georgia 30071, Phone (770)449-8800, FAX (770)449-5477

FL Certification # B87429

NC Certification # 483

SC Certification # 98015

USACE-MRD Approved

## LABORATORY REPORT

Accura Sample ID #: AB69650

Accura Project #: 20950

Client: IT/OHM Corp. - Camp Lejeune

Date Sampled: 6/4/99

Client Contact: MARK MARTIN

Date Received: 6/5/99

Client Project Number: 920901

Date Reported: 6/9/99

Client Project Name: RANGE F-11

Sample Matrix: SOLID

Client Sample ID: CLJ-17-F11-003

**ANALYSIS: TCLP Extraction Procedure**

Method Ref: 1311

Date Ext/Dig/Prep: 6/7/99

Date Analyzed: 6/8/99

Result Units:

**Analyte Name**

**Analytical Results**

**Reported Detection Limits**

TCLP Extraction

COMPLETE

**ANALYSIS: TCLP Metals - Lead**

Method Ref: 3010A/6010B

Date Ext/Dig/Prep: 6/8/99

Date Analyzed: 6/9/99

Result Units: mg/L

**Analyte Name**

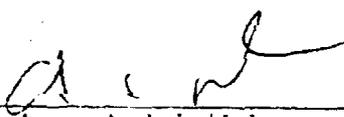
**Analytical Results**

**Reported Detection Limits**

Lead (Reg Limit = 5.0)

<RDL

1.0



Accura Analytical Laboratory, Inc.

ACCURA ANALYTICAL LABORATORY, INC.

6017 Financial Drive, Norcross, Georgia 30071, Phone (770)449-8800, FAX (770)449-5477

FL Certification # 187429 NC Certification # 483 SC Certification # 98015 USACE-MRD Approved

LABORATORY REPORT

Accura Sample ID #: AB69651

Accura Project #: 20950

Client: IT/OHM Corp. - Camp Lejeune

Date Sampled: 6/7/99

Client Contact: MARK MARTIN

Date Received: 6/5/99

Client Project Number: 920901

Date Reported: 6/9/99

Client Project Name: RANGE F-II

Sample Matrix: SOLID

Client Sample ID: METHOD BLANK

ANALYSIS: TCLP Extraction Procedure

Method Ref: 1311

Date Ext/Dig/Prep: 6/7/99

Date Analyzed: 6/8/99

Result Units:

Analyte Name

Analytical Results

Reported Detection Limits

TCLP Extraction

<RDL

ANALYSIS: TCLP Metals - Lead

Method Ref: 3010A/6010B

Date Ext/Dig/Prep: 6/8/99

Date Analyzed: 6/9/99

Result Units: mg/L

Analyte Name

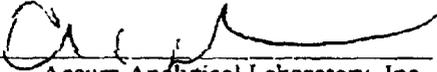
Analytical Results

Reported Detection Limits

Lead (Reg Limit - 5.0)

<RDL

1.0

  
Accura Analytical Laboratory, Inc.





# OMM Remediation Services Corp

Subsidiary of OMM Corporation  
U.S. Route 214 East • Findlay, Ohio 45840 • (419) 423-3526

## CHAIN-OF-CUSTODY RECORD

APR 20 2000  
30  
2111001  
FCLG  
TURNED IN BY

OMM LAB COORDINATOR <b>MARK MARTIN</b>	LAB COORDINATOR'S PHONE <b>910-451-2390</b>	LAB COORDINATOR'S FAX <b>910-451-1809</b>	LABORATORY SERVICE ID <b>ACCURA</b>	LABORATORY CONTACT <b>Jim Rasch</b>	WORK REPORT NUMBER <b>GM/ETC-4</b>
PROJECT NAME <b>RANGE F-11</b>	PROJECT LOCATION <b>CAMP LEJEUNE NC</b>	PROJECT NUMBER <b>920901</b>	LABORATORY PHONE <b>770-453-8800</b>	LABORATORY FAX	REPORT NAME <b>MARK MARTIN</b>
PROJECT CONTACT <b>MARK MARTIN</b>	PROJECT PHONE NUMBER <b>910-451-2390</b>	PROJECT FAX <b>910-451-1809</b>	LABORATORY ADDRESS <b>6007 Finamore Rd</b>		ADDRESS <b>LOT 203 HOLCOMB BLVD</b>
PROJECT ADDRESS <b>Lot 203 Holcombs Blvd</b>	CITY STATE AND ZIP CODE <b>CAMP LEJEUNE NC</b>	CLIENT <b>LAMPDU</b>	CITY STATE AND ZIP CODE <b>BARCELONAS GA 30071</b>		CITY STATE AND ZIP CODE <b>CAMP LEJEUNE</b>
PROJECT MANAGER <b>Jim Dunn</b>	PROJECT MANAGER'S PHONE <b>770-734-0572</b>	PROJECT MANAGER'S FAX <b>770-453-7743</b>			

Item	Sample Identifier	Matrix	Date	Time	Preserved	# of Cont	OC Level	TAT	Analytes TCLP Lead	Comments
1	<del>CLS-17-ETC-F11-003</del>	Solid	4/16/00	1:30	4°C	1	RM	RM		6465j
2										
3										
4										
5										
6										
7										
8										
9										
10										

SAMPLE COLLECTED BY <b>RAISDA Smith</b>	CORRECTION NUMBER <b>FedEx 8124590907</b>	DATE <b>4/17/00</b>	TIME <b>11:00</b>
RECEIVED BY <b>FedEx</b>	DATE <b>4/18/00</b>	TIME <b>6:00</b>	TIME <b>1:00</b>
<b>5309x</b>	<b>R.G. [Signature]</b>	<b>6/1/00</b>	<b>1:00</b>

Distribution: White - Laboratory (To be returned with Analytical Report); Goldenrod - Project File; Yellow - Project Data Manager

10-20-1999 9:18AM FROM ACCURA ANALYTICAL 7704295477

**This Memorandum**

is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record

Shipper No. \_\_\_\_\_

Carrier No. \_\_\_\_\_

Date 7/23/99

Page 1 of 1

Coleman Trucking  
(Name of carrier) (SCAC)

<b>TO:</b> Consignee <u>Range F-11</u> On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.	<b>FROM:</b> Shipper <u>Range F-11</u>
Street	Street
Destination	Origin
Zip Code	

Route \_\_\_\_\_ Vehicle Number \_\_\_\_\_

No. of Units & Container Type	HM	BASIC DESCRIPTION Proper Shipping Name, Hazard Class Identification Number (UN or NA) per 172.101, 172.202, 172.203	TOTAL QUANTITY (Weight, Volume, Gallons, etc.)	WEIGHT (Subject to Correction)	RATE	CHARGES (For Carrier Use Only)
<u>DT</u>	<u>X</u>	<u>R00thor Regulated Substances, Solids</u> <u>NO S CLASS 9, NA 3077, PG III</u>	<u>45.540</u>			

PLACARDS TENDERED: YES <input type="checkbox"/> NO <input type="checkbox"/>		REMIT C.O.D. TO ADDRESS	C.O.D. FEE PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> \$
Note — Where the rate is dependent on value shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____	I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport by a <b>FEDERAL HIGHWAY</b> <del>WATER</del> (DELETE NON-APPLICABLE MODE OF TRANSPORT) according to applicable international and national governmental regulations. <u>[Signature]</u> Signature	<b>COD</b> Amt: \$ _____ Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ (Signature of Consignor)	TOTAL CHARGES: \$ _____ FREIGHT CHARGES FREIGHT PREPAID <input type="checkbox"/> (except when box is checked) Check box if charges are to be collect <input type="checkbox"/>

RECEIVED: subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.  
 Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER <u>Oil M Remediation Serv. Co. P</u>	CARRIER <u>[Signature]</u>
PER _____	PER _____
DATE <u>7/23/99</u>	DATE <u>7/23/99</u>

THIS FORM IS SUBJECT TO THE PRIVACY ACT (NAVMC 11000)

WEIGHT CERTIFICATE

TRAFFIC MANAGEMENT OFFICE  
MARINE CORPS BASE  
CAMP LEJEUNE

*Coleman*  
CUSTOMER RANK  
*T/K 309*  
SSN AGENCY  
*T/K 903*  
CARRIER/VEHICLE TYPE

70440  
10:50 07-23-97

VEHICLE #

12:37 07-23-97

VEHICLE ID #  
*PAW F11*  
DESTINATION/BLDG #

GROSS 7796  
TARE 3244  
NET 4550

GBL/DOC # P.O.#

*LEAD BULLET*  
COMMODITY

*ARM Amble*  
SHIPPER

*Crake*  
WEIGHMASTER

**his Memorandum**

is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper No. \_\_\_\_\_

Carrier No. \_\_\_\_\_

Page 1 of 1

*Colman Trucking*  
(Name of carrier) ✓ (SCAC)

Date 7/23/99

<b>TO:</b> <u>Range F-11</u> Consignee On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.		<b>FROM:</b> <u>Range F-11</u> Shipper	
Street		Street	
Destination		Origin	
Zip Code			

Route \_\_\_\_\_ Vehicle Number \_\_\_\_\_

No. of Units & Container Type	HM	BASIC DESCRIPTION Proper Shipping Name, Hazard Class Identification Number (UN or NA) per 172.101, 172.202, 172.203	TOTAL QUANTITY (Weight, Volume, Gallons, etc.)	WEIGHT (Subject to Correction)	RATE	CHARGES (For Carrier Use Only)
<u>PT</u>	<u>X</u>	<u>REGULATED SUBSTANCE, CLASS 9, NA3077, PG III</u>	<u>48,180</u>			

PLACARDS TENDERED: YES  NO

REMIT C.O.D. TO ADDRESS \_\_\_\_\_

Note — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.  
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ \_\_\_\_\_ per \_\_\_\_\_

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport by ~~Water Highway~~ ~~Water~~ **DELETED NON-APPLICABLE MODE OF TRANSPORT** according to applicable international and national governmental regulations.  
*[Signature]*  
Signature

**COD** Amt: \$ \_\_\_\_\_

COD FEE PREPAID  COLLECT  \$ \_\_\_\_\_

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:  
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

TOTAL CHARGES: \$

FREIGHT CHARGES  
FREIGHT PREPAID  Check box if charges are to be collect

RECEIVED: subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated above, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of

said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.  
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER <u>DM Remediation Corp</u>	CARRIER <u>[Signature]</u>
PER _____	PER _____
DATE <u>7/23/99</u>	DATE <u>7/23/99</u>

Permanent post-office address of shipper \_\_\_\_\_

THIS FORM IS SUBJECT TO THE PRIVACY ACT (NAVMC 11000)

WEIGHT CERTIFICATE

TRAFFIC MANAGEMENT OFFICE  
MARINE CORPS BASE  
CAMP LEJEUNE

CUSTOMER *IKL 308* RANK

SSN *IKL 3000* AGENCY

CARRIER/VEHICLE TYPE

VEHICLE #

VEHICLE ID # *Kpac FH*

STINATION/BLDG #

GBL/DOC # P.O.# *LEAD BULLET*

COMMODITY *LEAD BULLET*

SHIPPER *Kenneth Cooke*

WEIGHMASTER

31920  
11:04 07-23-99

13:45 07-23-99

GROSS 80100  
TARE 31920  
NET 48180

This Shipping Order must be legibly filled in, in Ink, in Indelible F Carbon, and retained by the Agent.

Shipper No. \_\_\_\_\_

Page 1 of 1

COLEMAN TRUCKING

(Name of carrier) (SCAC)

Carrier No. \_\_\_\_\_

Date 7/29/99

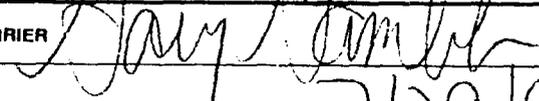
<b>TO: RANGE F-11</b> Consignee On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.		<b>FROM: RANGE F-11</b> Shipper	
Street _____		Street _____	
Destination _____ Zip Code _____		Origin _____	

Route \_\_\_\_\_ Vehicle Number \_\_\_\_\_

No. of Units & Container Type	HM	BASIC DESCRIPTION Proper Shipping Name, Hazard Class Identification Number (UN or NA) per 172.101, 172.202, 172.203	TOTAL QUANTITY (Weight, Volume, Gallons, etc.)	WEIGHT (Subject to Correction)	RATE	CHARGES (For Carrier Use Only)
PT	X	RQ OTHER REGULATED SUBSTANCES, CLASS 9 SOLID N.O.S., NA 3077, PG III	17980			

<b>PLACARDS TENDERED: YES <input type="checkbox"/> NO <input type="checkbox"/></b>		REMIT C.O.D. TO: ADDRESS _____	
Note — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____		<b>COD</b> Amt: \$ _____ Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ (Signature of Consignor)	
I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport by _____ Highway _____ (DELETE NON-APPLICABLE MODE OF TRANSPORT) according to applicable international and national governmental regulations. _____ Signature		COD FEE: PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> \$ _____ TOTAL CHARGES: \$ _____ FREIGHT CHARGES: FREIGHT PREPAID <input type="checkbox"/> except when box all right is checked. Check box if charges are to be collect <input type="checkbox"/>	

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any and property that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

<b>SHIPPER</b> <u>OHM REMEDIATION SERVICES CORP</u>	<b>CARRIER</b> 
<b>PER</b>	<b>PER</b> <u>7/29/99</u>
<b>DATE</b>	<u>2</u>

Permanent post-office address of shipper.

WEIGHT CERTIFICATE

*Coleman Teking*  
CUSTOMER \_\_\_\_\_ RANK \_\_\_\_\_  
*TRK 309*

SSN \_\_\_\_\_ AGENCY \_\_\_\_\_  
*TEL 903*

CARRIER/VEHICLE TYPE \_\_\_\_\_

VEHICLE # \_\_\_\_\_

VEHICLE ID # \_\_\_\_\_  
*F 11 Range*

DESTINATION/BLDG # \_\_\_\_\_

GBL/DOC # P.O.# \_\_\_\_\_  
*BULLET*

COMMODITY \_\_\_\_\_

SHIPPER \_\_\_\_\_  
*Knowl Cooke*

WEIGHMASTER \_\_\_\_\_

TRAFFIC MANAGEMENT OFFICE  
MARINE CORPS BASE  
CAMP LEJEUNE

32760  
09:15 07-29-99

10:10 07-29-99

GROSS 50740  
TARE 32760  
NET 17980

Jim Duan



HC1, BOX 1395  
HWY. KK  
BOSS, MO 65446  
573-626-4813 • FAX: 573-626-6304

Date: 8/09/99

## Recycling Certificate

### Lead Bearing Residue/Scrap

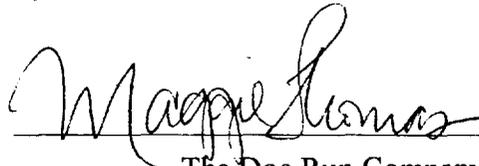
Whereas, The Doe Run Company (DRC) operates a facility, located in Boss, Missouri which recycles various lead bearing materials. This facility is operated under regulations provided by Missouri Department of Natural Resources (Resource Recovery Permit - I.D. Number RR0344) and the United States Environmental Protection Agency. (RCRA Part B Permit) the facility TSD number is MOD 059 200 089.

Now, therefore, Doe Run does hereby issue this certificate to:

**OHM Remediation Services Corp. - Norcross, GA** to evidence the consumption of: **17,620 lbs. firing range material from Camp**

**LeJeune, SC.** Said consumption has been completed on or about **Aug. 7, 1999**, in a manner consistent with acceptable engineering standards and in compliance with applicable rules and regulations set forth by the State of Missouri and Federal authorities.

Project #: 772910  
Cost Code: 04050100  
Tracking #: 772910-065

  
\_\_\_\_\_  
The Doe Run Company  
Management Representative



HC1, BOX 1395  
HWY. KK  
BOSS, MO 65440  
573-626-4813 • FAX. 573-626-3304

Date: 8/02/99

## Recycling Certificate

### Lead Bearing Residue/Scrap

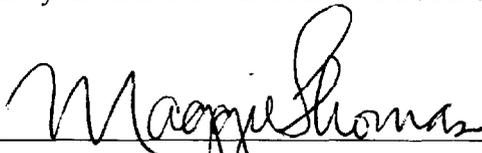
Whereas, The Doe Run Company (DRC) operates a facility, located in Boss, Missouri which recycles various lead bearing materials. This facility is operated under regulations provided by Missouri Department of Natural Resources (Resource Recovery Permit - I.D. Number RR0344) and the United States Environmental Protection Agency. (RCRA Part B Permit) the facility TSD number is MOD 059 200 089.

Now, therefore, Doe Run does hereby issue this certificate to:

**OHM Remediation Services Corp. - Norcross, GA** to evidence the consumption of: **45,260 lbs. firing range material from Camp**

**LeJeune, SC.** Said consumption has been completed on or about **Aug. 1, 1999**, in a manner consistent with acceptable engineering standards and in compliance with applicable rules and regulations set forth by the State of Missouri and Federal authorities.

Project #: 772910  
Cost Code: 04050100  
Tracking #: 772910-065

  
\_\_\_\_\_  
The Doe Run Company  
Management Representative



HC1, BOX 1395  
HWY. KK  
BOSS, MO 65440  
573-626-4813 • FAX: 573-626-3304

Date: 8/02/99

## Recycling Certificate

### Lead Bearing Residue/Scrap

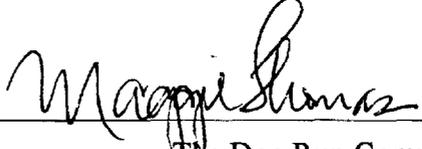
Whereas, The Doe Run Company (DRC) operates a facility, located in Boss, Missouri which recycles various lead bearing materials. This facility is operated under regulations provided by Missouri Department of Natural Resources (Resource Recovery Permit - I.D. Number RR0344) and the United States Environmental Protection Agency. (RCRA Part B Permit) the facility TSD number is MOD 059 200 089.

Now, therefore, Doe Run does hereby issue this certificate to:

**OHM Remediation Services Corp. - Norcross, GA** to evidence the consumption of: **48,300 lbs. firing range material from Camp**

**LeJeune, SC.** Said consumption has been completed on or about **July 31, 1999**, in a manner consistent with acceptable engineering standards and in compliance with applicable rules and regulations set forth by the State of Missouri and Federal authorities.

Project #: 772910  
Cost Code: 04050100  
Tracking #: 772910-065

  
\_\_\_\_\_  
The Doe Run Company  
Management Representative

**APPENDIX D**  
**CONTRACTOR QUALITY CONTROL REPORT**

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
11/18/99.

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Had prep meetings with all personal on site preparation. Excavating & screening, soil stabilization and how to rebuild berm.
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE		<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST  N/A
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>		

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

11/18/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
_____ GOVERNMENT QUALITY ASSURANCE MANAGER	_____ DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 11/20/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Talk to Ed about setting up zones and reviewing safety plan
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment on site. Site Setup complete at the end of the day. Range B-12
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 11/20/99

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 1/23/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Excavate berms & stock piled soil.			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


 AUTHORIZED QC MANAGER AT SITE
 DATE 1/23/99

**GOVERNMENT QUALITY ASSURANCE REPORT**

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_ DATE \_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

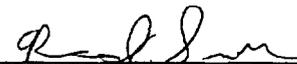
DATE 1/24/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
	Excavate 1/2 Day before Rain All work was to spec.			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE

1/24/99  
 DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 11/25/99

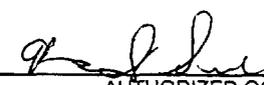
PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p><i>Excavate Soils All to spec.</i></p>				

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 11/25/99

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE: 1/26/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Excavate all soils with bullet check to make sure no more bullets are in berm.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER      DATE	

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 1/27/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST     TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Screening Soil to Remove Lead No Lead in Five Sample Stock pile.			
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)				REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
				None
REMARKS:				
On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.				
				_____ <u>1/27/99</u> AUTHORIZED QC MANAGER AT SITE      DATE
<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
_____ GOVERNMENT QUALITY ASSURANCE MANAGER      DATE				

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 11/28/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p align="center"><i>Continue to screen soil</i></p> <p align="center"><i>No lead in fines</i></p> <p align="center"><i>Ed and Randy check stockpile.</i></p>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TESTING PERFORMED & WHO PERFORMED TEST

TESTING PERFORMED & WHO PERFORMED TEST

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 \_\_\_\_\_  
 AUTHORIZED QC MANAGER AT SITE      DATE 11/28/99

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 2/2/98

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Mixing Add 4500 lbs of TSP to all soils in stockpile  
Mix and send sample to Lab. 5 grabs 1 composite.

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

DATE 2/2/98

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
2/5/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<p><i>Reran bullets in Screen No fines in W.T. Inspected by Ed And Randy.</i></p>				

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 2/5/99

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
2/6/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST			
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><i>Start to take Baim down to Baim site Elev. to the right grade.</i></p>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


2/6/99  
 \_\_\_\_\_  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>		DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT		
<p align="right">_____</p> GOVERNMENT QUALITY ASSURANCE MANAGER		DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
2/21/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TESTING PERFORMED & WHO PERFORMED TEST				
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Have been working on site grade all work is completed with grade. Soil is wet but we can start to cut out for Slab. All work was complete to get the right Grade on Range B-12</p>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 2/21/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 2/23/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST			
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><i>Start to put up concrete form to pour slab. All work to spec.</i></p>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


2/23/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>		DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT		
GOVERNMENT QUALITY ASSURANCE MANAGER		DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
2/24/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Pour Concrete All Concrete Slab to spec.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*[Signature]* 2/24/99  
AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
3/1/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

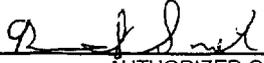
*start to tear forms down  
and drill holes in S/H  
prep equipment to start to  
put up Bullet trap. All to spec.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 3/1/99

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
3/2/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Continue to put up Bullet  
Timp All work to spec.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that the report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

\_\_\_\_\_  
AUTHORIZED QC MANAGER AT SITE      DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER      DATE 3/2/99

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
3/3/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Continue to install Bullet trap all to spec.
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TESTING PERFORMED & WHO PERFORMED TEST
TESTING PERFORMED & WHO PERFORMED TEST

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 \_\_\_\_\_  
 AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
3/4/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

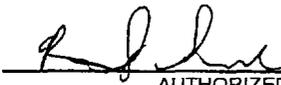
*Continue to install Bullet Trap #11 to spec.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 3/4/99

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 3/5/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST			
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><i>Installing Bullet Trap. All work to contract requirements. All work is complete on time and NO Safety issues.</i></p>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

\_\_\_\_\_  
AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

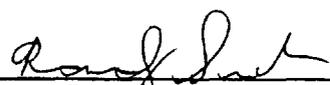
DATE 3/6/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>Bullet Train installings, All work performed meet contract requirements. All work done on time and safely.</p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE

3/6/99  
 DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER  
 DATE

1 3/8/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>Bullet Trap installings, All work performed meet contract requirements. All work done on time and safely.</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*Randy Smith*

3/8/99

AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

1 3/9/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT	
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>		
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	<p>Bullet Train is installing, All work performed meet contract requirements. All work done on time and safely.</p>				
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)		
			None		
REMARKS:					
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>					
				<p><i>Ronald [Signature]</i> 3/9/99                  AUTHORIZED QC MANAGER AT SITE      DATE</p>	
GOVERNMENT QUALITY ASSURANCE REPORT				DATE	
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT					
				<p>GOVERNMENT QUALITY ASSURANCE MANAGER      DATE</p>	

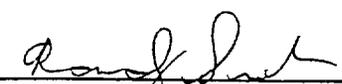
1 3/10/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
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	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>Bullet Train is installing. All work performed meets contract requirements. All work done on time and safely.</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 3/10/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
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	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	<p><i>Bullet Trap installings, All work performed meet contract requirements. All work done on time and safely.</i></p>			
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
			None	
REMARKS:				
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>				
<p><i>Ronald Smith</i></p>				<p>3/11/99</p>
AUTHORIZED QC MANAGER AT SITE				DATE
GOVERNMENT QUALITY ASSURANCE REPORT				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
GOVERNMENT QUALITY ASSURANCE MANAGER				DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 3/11/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>All Baffle work was do right. All work meets contract requirements. And was do safely.</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 3/11/99

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 3/12/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Baffle work was do vight. All work meets contract requirements. And was do safely.
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


 AUTHORIZED QC MANAGER AT SITE
 DATE 3/12/99

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE \_\_\_\_\_

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER
 DATE \_\_\_\_\_

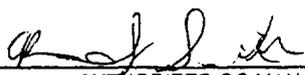
PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
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	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

All Baffle work was do right. All work meets contract requirements. And was do safely.

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


 AUTHORIZED QC MANAGER AT SITE
 3/13/99
 DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
FOLLOW-UP	<p>All Baffle work was do right. All work meets contract requirements. And was do safely.</p>			

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REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

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 3/14/99  
 AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
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REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
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 AUTHORIZED QC MANAGER AT SITE

DATE 3/15/99

**GOVERNMENT QUALITY ASSURANCE REPORT**

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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None

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[Signature] 3/16/99  
AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 3/17/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
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	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
FOLLOW-UP	<p>All Baffle work was do right. All work meets contract requirements. And was do safely.</p>			
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)				REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
REMARKS:				
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>				
<p><i>[Signature]</i> AUTHORIZED QC MANAGER AT SITE</p>				<p>3/17/99 DATE</p>
<p><b>GOVERNMENT QUALITY ASSURANCE REPORT</b></p>				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
<p>GOVERNMENT QUALITY ASSURANCE MANAGER</p>				DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 3/18/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Baffle work was do right. All work meets contract requirements. And was do safely.
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*[Signature]*

3/18/99

AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 3/19/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

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 \_\_\_\_\_ 3/19/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 3/20/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
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*[Signature]* 3/20/99  
AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 3/22/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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 AUTHORIZED QC MANAGER AT SITE      DATE 3/22/99

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 3/23/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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DATE 3/23/99  
 AUTHORIZED QC MANAGER AT SITE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE \_\_\_\_\_

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 3/24/99

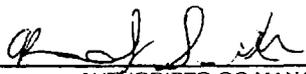
PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>All Baffle work was do right. All work meets contract requirements. And was do safely.</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 3/24/99

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 3/25/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*All Baffle work was do right. All work meets contract requirements. And was do safely.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


 AUTHORIZED QC MANAGER AT SITE
 
 DATE 3/25/99

**GOVERNMENT QUALITY ASSURANCE REPORT**

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 3/26/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<i>All Baffle work was do vishit. All work meets contract requirements. And was do safely.</i>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

3/26/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT   <div style="text-align: right;">                     _____                      GOVERNMENT QUALITY ASSURANCE MANAGER      DATE                 </div>	

3/27/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>All Baffle work was do right. All work meets contract requirements. And was do safely.</i></p>			
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)				REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
				None
REMARKS:				
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>				
				<p><i>[Signature]</i> 3/27/99                  AUTHORIZED QC MANAGER AT SITE DATE</p>
<p><b>GOVERNMENT QUALITY ASSURANCE REPORT</b></p>				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
				<p>GOVERNMENT QUALITY ASSURANCE MANAGER DATE</p>

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>All Baffle work was do right. All work meets contract requirements. And was do safely.</i></p>			
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)				REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
				None
REMARKS:				
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>				
				<p><i>[Signature]</i> 3/28/99                  AUTHORIZED QC MANAGER AT SITE DATE</p>
GOVERNMENT QUALITY ASSURANCE REPORT				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
				<p>GOVERNMENT QUALITY ASSURANCE MANAGER DATE</p>

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>All Baffle work was do vishit. All work meets contract requirements. And was do safely.</p>				

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 3/29/99

**GOVERNMENT QUALITY ASSURANCE REPORT**

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>All Baffle work was do right. All work meets contract requirements. And was do safely.</p>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 3/30/99  
 AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST			
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Baffle work was do right. All work meets contract requirements. And was do safely.
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE

3/31/99  
 DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER  
 DATE



**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
4/7/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Low Side Walks All work clo to spec.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 4/7/99

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
_____ GOVERNMENT QUALITY ASSURANCE MANAGER      DATE	

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 4/8/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT				
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>					
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; text-align: center;">TESTING PERFORMED &amp; WHO PERFORMED TEST</td> </tr> <tr> <td colspan="2" style="height: 100px;"></td> </tr> </table>		TESTING PERFORMED & WHO PERFORMED TEST		
		TESTING PERFORMED & WHO PERFORMED TEST						
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>					
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; text-align: center;">TESTING PERFORMED &amp; WHO PERFORMED TEST</td> </tr> <tr> <td colspan="2" style="height: 100px;"> <p style="font-size: 1.2em; margin: 0;">All Work completed at B-12 Start Site set-up at I-1 moving equipment,</p> </td> </tr> </table>		TESTING PERFORMED & WHO PERFORMED TEST	<p style="font-size: 1.2em; margin: 0;">All Work completed at B-12 Start Site set-up at I-1 moving equipment,</p>	
		TESTING PERFORMED & WHO PERFORMED TEST						
	<p style="font-size: 1.2em; margin: 0;">All Work completed at B-12 Start Site set-up at I-1 moving equipment,</p>							
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>						

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

4/8/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
4/9/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>All work to Spec</i></p> <p><i>I-1</i></p>			

*Site Setup and tear old Range Down.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


 4/10/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER      DATE	

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
4/11/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Start to Excavate Ben.*

*All to spec.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

\_\_\_\_\_  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 4/12/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p align="center"><i>Continue to Excavate from At the End of the Day All Bullets out of Beam. Ray and Randy Inspected.</i></p>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TESTING PERFORMED & WHO PERFORMED TEST

TESTING PERFORMED & WHO PERFORMED TEST

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 4/17/99

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 4/13/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT	
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>		
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>		
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>		
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

*Start to Screen Bullet  
NO metal in Fines.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 4/13/99

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

DATE 4/14/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Continue to Screen metal and sample stock piles. No metal in fines.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS) \_\_\_\_\_  
 REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*[Signature]* 4/14/99  
 AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE \_\_\_\_\_  
 QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT \_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER DATE \_\_\_\_\_

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 4/15/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST			
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p align="center"><i>Continue to Screen and cut out Soil for concrete Slab. All to spec.</i></p>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


4/15/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>		DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT		
GOVERNMENT QUALITY ASSURANCE MANAGER		DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
4/16/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>Start to set up Forms for concrete Slab.</i></p> <p><i>All to spec.</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 4/16/99

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
4/17/99

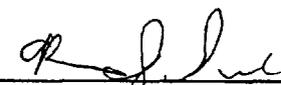
PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Continue to form up slab.
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TESTING PERFORMED & WHO PERFORMED TEST
TESTING PERFORMED & WHO PERFORMED TEST

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 4/17/99

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
_____ GOVERNMENT QUALITY ASSURANCE MANAGER      DATE	

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 4/18/99

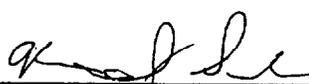
PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Pour concrete Slab  
All to concrete Spec.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


4/18/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>		DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT		
GOVERNMENT QUALITY ASSURANCE MANAGER		DATE

4/19/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT		
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>		<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
		SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	<p><i>Bullet Trap installings, All work performed meet contract requirements. All work done on time and safely.</i></p>					
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)			
			None			
REMARKS:						
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>						
<p><i>Ronald Smith</i></p>				<p>4/19/99</p>		
AUTHORIZED QC MANAGER AT SITE				DATE		
GOVERNMENT QUALITY ASSURANCE REPORT				DATE		
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT						
GOVERNMENT QUALITY ASSURANCE MANAGER				DATE		

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT	
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>		
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>		
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	<p><i>Bullet Train installing. All work performed meet contract requirements. All work done on time and safely.</i></p>				
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)		
			None		
REMARKS:					
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>					
				<p><i>Ronald [Signature]</i> 4/24/99                  AUTHORIZED QC MANAGER AT SITE DATE</p>	
GOVERNMENT QUALITY ASSURANCE REPORT				DATE	
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT					
				<p>GOVERNMENT QUALITY ASSURANCE MANAGER DATE</p>	

4/21/99

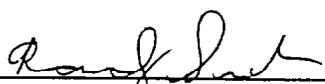
PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>Bullet Train is falling, All work performed meets contract requirements. All work done on time and safely.</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


4/21/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

4/22/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Bullet Train installings, All work performed meets contract requirements. All work done on time and safely.</p>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE

4/22/99  
 DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>		DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT		
GOVERNMENT QUALITY ASSURANCE MANAGER		DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>Bullet Trap installations, All work performed meet contract requirements. All work done on time and safely.</i></p>			
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
			None	
REMARKS:				
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>				
<p><i>[Signature]</i></p>				<p>4/25/99</p>
AUTHORIZED QC MANAGER AT SITE				DATE
GOVERNMENT QUALITY ASSURANCE REPORT				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
<p>_____</p>				DATE
GOVERNMENT QUALITY ASSURANCE MANAGER				DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT	
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>		
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>		
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)				REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
				None	
REMARKS:					
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>					
				<p><i>Ronald Smith</i> 4/24/07                  AUTHORIZED QC MANAGER AT SITE DATE</p>	
GOVERNMENT QUALITY ASSURANCE REPORT				DATE	
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT					
				<p>GOVERNMENT QUALITY ASSURANCE MANAGER DATE</p>	

Bullet Trap IRS falling, All work performed meets contract requirements. All work done on time and safely.

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>Bullet Trajectory installings, All work performed meet contract requirements. All work done on time and safely.</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*Ronald Smith*

AUTHORIZED QC MANAGER AT SITE

4/25/09  
DATE

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

4/26/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p><i>Bullet Train installings, All work performed meet contract requirements. All work done on time and safely.</i></p>				
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
			None	
REMARKS:				
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>				
<p><i>Ronald [Signature]</i></p>				4/26/99
AUTHORIZED QC MANAGER AT SITE				DATE
GOVERNMENT QUALITY ASSURANCE REPORT				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
GOVERNMENT QUALITY ASSURANCE MANAGER				DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 4/27/99

PHASE (BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT	
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

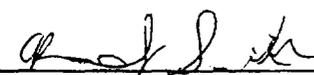
*All Baffle work was do right. All work meets contract requirements. And was do safely.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


 \_\_\_\_\_ 4/27/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

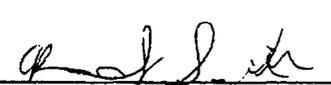
DATE 4/28/09

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>All Baffle work was do right. All work meets contract requirements. And was do safely.</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

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4/28/09  
 AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 4/29/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><i>All Baffle work was do right. All work meets contract requirements. And was do safely.</i></p>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)				REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
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				<p><i>[Signature]</i> <u>4/30/99</u>                  AUTHORIZED QC MANAGER AT SITE      DATE</p>
<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
<p align="right">_____                  GOVERNMENT QUALITY ASSURANCE MANAGER      DATE</p>				

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REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

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 4/30/99  
 AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

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			None	
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				<p><i>[Signature]</i> 5/1/99                  AUTHORIZED QC MANAGER AT SITE DATE</p>
GOVERNMENT QUALITY ASSURANCE REPORT				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
				<p>GOVERNMENT QUALITY ASSURANCE MANAGER DATE</p>

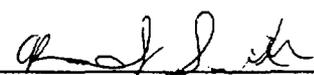
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REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

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 5/3/99  
 AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

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REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

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 AUTHORIZED QC MANAGER AT SITE      DATE 5/4/99

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
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REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

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AUTHORIZED QC MANAGER AT SITE

DATE 5/5/99

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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*[Signature]* 5/6/99  
AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

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 AUTHORIZED QC MANAGER AT SITE

5/7/99  
 DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 5/8/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
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	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*All Baffle work was do right. All work meets contract requirements. And was do safely.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


 \_\_\_\_\_ DATE 5/8/99  
 AUTHORIZED QC MANAGER AT SITE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_ DATE  
 GOVERNMENT QUALITY ASSURANCE MANAGER

CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 5/10/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<p>All Baffle work was do right. All work meets contract requirements. And was do safely. Site Setup at F-11</p>				
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
			None	
REMARKS:				
<p>On behalf of the contractor, I certify that the report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>				
<p><i>[Signature]</i></p>				<p>5/10/99</p>
AUTHORIZED QC MANAGER AT SITE				DATE
GOVERNMENT QUALITY ASSURANCE REPORT				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
GOVERNMENT QUALITY ASSURANCE MANAGER				DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<p>All Baffle work was do right. All work meets contract requirements. And was do safely. Site Setup F-11</p>				

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

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 AUTHORIZED QC MANAGER AT SITE

5/11/99  
DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 5/12/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
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	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>All Baffle work was do right. All work meets contract requirements. And was do safely. Excavate Soils - F-11</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


5/12/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

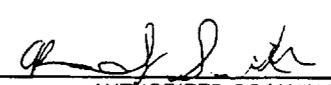
PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)</p>				<p>REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)</p> <p>None</p>
<p>REMARKS:</p> <p>All Baffle work was do right. All work meets contract requirements. And was do safely. Excavate &amp; fill</p>				
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>				<p><i>[Signature]</i> 5/13/99                  AUTHORIZED QC MANAGER AT SITE DATE</p>
<p><b>GOVERNMENT QUALITY ASSURANCE REPORT</b></p>				<p>DATE</p>
<p>QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT</p>				
<p>GOVERNMENT QUALITY ASSURANCE MANAGER</p>				<p>DATE</p>

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
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	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>All Baffle work was do right. All work meets contract requirements. And was do safely. Screening Soils F-11</p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 5/14/99

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER      DATE	

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
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	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<p><i>All Baffle work was do right. All work meets contract requirements. And was do safely. Screening soils F-11</i></p>				

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 5/15/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

DATE 5/16/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>All Baffle work was do right. All work meets contract requirements. And was do safely. Screening soils.</p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
 None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 5/16/99  
 AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 5/17/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT	
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
				<p>All Baffle work was do right. All work meets contract requirements. And was do safely. Seizing Sails taken samples of fire</p>	
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)		
			None		
REMARKS:					
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>					
				<p><i>[Signature]</i> 5/17/99                  AUTHORIZED QC MANAGER AT SITE DATE</p>	
GOVERNMENT QUALITY ASSURANCE REPORT				DATE	
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT					
				<p>GOVERNMENT QUALITY ASSURANCE MANAGER DATE</p>	

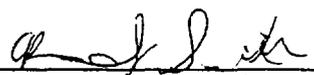
PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Baffle work was do right. All work meets contract requirements. And was do safely.
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
 None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 5/18/99  
 AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

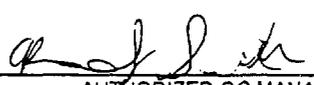
GOVERNMENT QUALITY ASSURANCE MANAGER DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>All Baffle work was do right. All work meets contract requirements. And was do safely. Rebuild Berms 5/19/99</p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 5/20/99  
 AUTHORIZED QC MANAGER AT SITE DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>All Baffle work was do right. All work meets contract requirements. And was do safely. Re build beams Full</p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


 AUTHORIZED QC MANAGER AT SITE
 5/21/99
 DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 5/22/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED (INITIAL PHASE)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>All Baffle work was do right. All work meets contract requirements. And was do safely. Rebuild Berms.</p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 5/22/99  
 AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<p><i>All Baffle work was do right. All work meets contract requirements. And was do safely. cut out for slab F-11</i></p>				

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
 None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE

5/24/99  
 DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER  
 DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 5/25/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT		
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>		<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
		SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>		<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST		
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	<p><i>All Baffle work was done right. All work meets contract requirements and was done safely start to form up slab.</i></p>					

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

5/26/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
GOVERNMENT QUALITY ASSURANCE MANAGER      DATE	

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 5/26/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

All Battle work was done right. All work meets contract requirements and was done safely  
Form Slab F-11

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

5/26/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT   <div style="text-align: right;">                     _____                      GOVERNMENT QUALITY ASSURANCE MANAGER      DATE                 </div>	

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 5/27/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT		
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
		SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>		<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
TESTING PERFORMED & WHO PERFORMED TEST						
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p style="font-size: 1.2em;">All Baffle work was done right. All work meets contract requirements and was done safely.</p> <p style="font-size: 1.2em;">Poor Slab</p>		
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	TESTING PERFORMED & WHO PERFORMED TEST					

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*Randy [Signature]*

\_\_\_\_\_  
 AUTHORIZED QC MANAGER AT SITE      DATE 5/27/99

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 5/28/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>All Baffle work was do right. All work meets contract requirements and was done safely</i></p> <p><i>Concrete walls at I-1</i></p> <p><i>Concrete slab at F-11</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

AUTHORIZED QC MANAGER AT SITE

5/28/99

DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 5/29/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT		
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>		<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
		SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>		<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>FOLLOW-UP</b>		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	<p><i>All Baffle work was done right. All work meets contract requirements and was done safely. Place back in Range.</i></p>					

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*Randall*      5/29/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
GOVERNMENT QUALITY ASSURANCE MANAGER      DATE	

6/2/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<p>Bullet Trap installings, All work performed meet contract requirements. All work done on time and safely. F11</p>				
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
			None	
REMARKS:				
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>				
<p><i>Ronald Smith</i>                  AUTHORIZED QC MANAGER AT SITE</p>				<p>6/2/99                  DATE</p>
GOVERNMENT QUALITY ASSURANCE REPORT				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
<p>GOVERNMENT QUALITY ASSURANCE MANAGER</p>				DATE

6/3/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT	
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>		
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>		
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	<p><i>Bullet Train installings, All work performed meet contract requirements. All work done on time and safely.</i></p>				
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)		
			None		
REMARKS:					
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>					
				<p><i>Ronald Smith</i>      6/3/99                  AUTHORIZED QC MANAGER AT SITE      DATE</p>	
GOVERNMENT QUALITY ASSURANCE REPORT				DATE	
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT					
				<p>GOVERNMENT QUALITY ASSURANCE MANAGER      DATE</p>	

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT		
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>		<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
		SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST		
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	<p><i>Bullet Trap ins talling, All work performed meet contract requirements. All work done on time and safely.</i></p>					

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*Ronald Smith* 6/4/99  
AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** [DATE]

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

6/5/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
FOLLOW-UP	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><i>Bullet Trap installation. All work performed meets contract requirements. All work done on time and safely.</i></p>
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
			None	
REMARKS:				
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>				
<p><i>[Signature]</i></p>				<p>6/5/99</p>
AUTHORIZED QC MANAGER AT SITE				DATE
GOVERNMENT QUALITY ASSURANCE REPORT				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
GOVERNMENT QUALITY ASSURANCE MANAGER				DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>Bullet Train installings, All work performed meet contract requirements. All work done on time and safety.</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE

6/6/99  
 DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER      DATE	

6/7/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT		
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>		<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
		SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST		
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	<p><i>Bullet Train installations, All work performed meets contract requirements. All work done on time and safely.</i></p>					
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)			
			None			
REMARKS:						
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>						
			<p><i>Ronald [Signature]</i> 6/7/99                  AUTHORIZED QC MANAGER AT SITE DATE</p>			
GOVERNMENT QUALITY ASSURANCE REPORT				DATE		
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT						
				DATE		
GOVERNMENT QUALITY ASSURANCE MANAGER				DATE		

6/8/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p><i>Bullet Train is talking, All work performed meets contract requirements. All work done on time and safely.</i></p>				
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
			None	
REMARKS:				
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>				
<p><i>[Signature]</i></p>				<p>6/8/99</p>
AUTHORIZED QC MANAGER AT SITE				DATE
GOVERNMENT QUALITY ASSURANCE REPORT				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
GOVERNMENT QUALITY ASSURANCE MANAGER				DATE

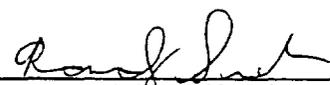
6/9/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>Bullet Train installings, All work performed meet contract requirements. All work done on time and safely.</p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


6/9/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

6/1/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>Bullet Train installings, All work performed meet contract requirements. All work done on time and safely.</p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE

6/1/99  
 DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>		DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT		
GOVERNMENT QUALITY ASSURANCE MANAGER		DATE

6/11/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT		
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>		<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
		SAMPLE HAS BEEN PREPARED/APPROVED	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST		
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<p><i>Bullet Train installings, All work performed meet contract requirements. All work done on time and safely.</i></p>						
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)			
			None			
REMARKS:						
<p>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>						
<p><i>Randy Smith</i></p>				<p>6/11/99</p>		
AUTHORIZED QC MANAGER AT SITE				DATE		
GOVERNMENT QUALITY ASSURANCE REPORT				DATE		
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT						
GOVERNMENT QUALITY ASSURANCE MANAGER				DATE		

6/12/91

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>Bullet Trap installations, All work performed meets contract requirements. All work done on time and safely. Start to work of Baffle.</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*Ronald Smith* 6/12/91  
 AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 6/14/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*All Baffle work was do right. All work meets contract requirements and was done safely*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 6/14/99

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 6/15/99

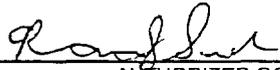
PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>All Baffle work was done right. All work meets contract requirements and was done safely.</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 6/15/99

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 6/16/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<i>All Baffle work was done right. All work meets contract requirements and was done safely.</i>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

6/16/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 6/17/99

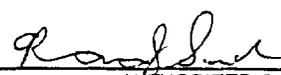
PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
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	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<i>All Battle work was done right. All work meets contract requirements and was done safely</i>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 6/17/99

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

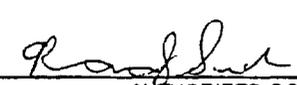
GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<p><i>All Baffle work was done right. All work meets contract requirements and was done safely</i></p>				

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE

6/18/99  
 DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
_____ GOVERNMENT QUALITY ASSURANCE MANAGER	
DATE	

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 6/19/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<i>All Baffle work was done right. All work meets contract requirements and was done safely</i>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

6/19/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
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	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

All Baffle work was done right. All work meets contract requirements and was done safely

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

Randy [Signature] 6/21/99  
AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 6/22/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

6/22/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 6/23/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TESTING PERFORMED & WHO PERFORMED TEST				
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p style="font-size: 1.2em; margin: 0;"><i>All Baffle work was done right. All work meets contract requirements and was done safely.</i></p>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

6/23/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

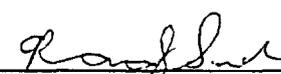
DATE 6/24/99

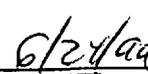
PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT				
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>					
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
		SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>			<input type="checkbox"/>		
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
TESTING PERFORMED & WHO PERFORMED TEST								
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><i>All Baffle work was done right. All work meets contract requirements and was done safely</i></p>				
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	TESTING PERFORMED & WHO PERFORMED TEST							

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
--	---

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE

  
 DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>		DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT		
GOVERNMENT QUALITY ASSURANCE MANAGER		DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 6/25/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p style="font-size: 1.2em;">All Baffle work was done right. All work meets contract requirements and was done safely</p>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TESTING PERFORMED & WHO PERFORMED TEST

TESTING PERFORMED & WHO PERFORMED TEST

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

6/25/99  
 AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 6/26/99

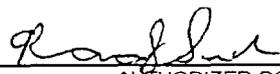
PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p><i>All Baffle work was do right. All work meets contract requirements and was done safely</i></p>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 6/26/99

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-97-D-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE 6/27/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*All Baffle work was done right. All work meets contract requirements and was done safely.*

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE      DATE 6/27/99

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGE B-12, I-1 AND F-11

DATE

6/29/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>		REVIEWED. CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

**REMARKS:**

PERFORMED A SITE WALK WITH SITE SUPERVISOR R.SMITH ALL WORKMEN SHIP APPEAR TO COMPLIED WITH WORK SCOPE. INSPECTED MATERIALS AT SITE( F-11) IN ALL MATERIALS COMPLIED PER SPEC.

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*M.A. Slade* 6-29-99

M.A. Slade - AUTHORIZED QC MANAGER AT SITE

DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGE B-12, I-1 AND F-11

DATE

6/29/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
REVIEWED CONTRACT AS APPROVED INITIAL PHASE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

**REMARKS:**  
 OBSERVED ALL RANGES CONSTRUCTION AND MAINTENANCE. ALL WORK COMPLIES WITH CONTRACT  
 OBSERVED BAFFLE WORK AT RANGE F-11. SPOKE TO THE ONSITE FOREMAN ABOUT CONSTRUCTION.  
 ALL ACTIVITIES APPEARS TO BE GOING FINE.

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*M.A. Slade* 6-28-99

M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGE B-12, I-1 AND F-11

DATE

6/30/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

CONTINUE TO OBSERVE ACTIVITIES AT ALL THE RANGES FOR THE MOST PART OF THE MORNING . OBSERVED THE INSTALL OF ALL THREAD AT RANGE F-11, ALL WORK COMPLIES WITH CONTRACT

  
 M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGE B-12, I-1 AND F-11

DATE

7/1/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
REVIEWED.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

E

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

None

**REMARKS:**

CONTINUE TO OBSERVE ALL SITE ACTIVITIES AT ALL RANGES. INSPECTED ALL INCOMING MATERIALS FOR SITE CONSTRUCTION SITE F-11, THE ONLY SITE WITH GENERAL CONSTRUCTION ACTIVITIES

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

M.A. Slade - AUTHORIZED QC MANAGER AT SITE

DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGES B-12, I-1 AND F-11

DATE  
7/3/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TESTING PERFORMED & WHO PERFORMED TEST		NA		
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST	NA		

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:  
 SITE ACTIVITIES :CONTINUE TO INSTALL BAFFLES FOR CROSS MEMBERS, CONTINUE TO LAYOUT SOIL FOR CONCRETE. WORK IN THE NERA FUTURE

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

M.A. Slade - AUTHORIZED QC MANAGER AT SITE

DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGE B-12, I-1 AND F-11

DATE

7/2/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	REVIEWED CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

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REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

None

REMARKS:

SITE ACTIVITIES INCLUDED CONTINUE TO CONSTRUCT BAFFLE AT (F-11) ALSO INSTALLATION OF SAND FILL MATERIAL IN BEARING (ALSO END WALLS) ALL WORK COMPLIES WITH CONTRACT

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGE B-12, I-1 AND F-11

DATE

7/6/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT		
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>		<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
		SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>FOLLOW-UP</b>		REVIEWED CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

E

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

None

**REMARKS:**

SITE ACTIVITIES INCLUDED CONTINUE TO CONSTRUCT BAFFLE AT (F-11) ALSO INSTALLATION OF SAND FILL MATERIAL IN BEARING (ALSO END WALLS) ALL WORK COMPLIES WITH CONTRACT OPERATION AND MAINTENANCE ON OTHER RANGES HAS BEEN DONE LEVEL C+

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGE B-12, I-1 AND F-11

DATE

7/7/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	REVIEWED CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)  <p style="text-align: center;">E</p>	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  None
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REMARKS:

SITE ACTIVITIES: CONTINUE TO CONSTRUCT BAFFLE AT (F-11) ALSO INSTALLATION OF SAND FILL MATERIAL IN BEARING (ALSO END WALLS) ALL WORK COMPLIES WITH CONTRACT OPERATION AND MAINTENANCE ON OTHER RANGES HAS BEEN DONE LEVEL C+

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

M.A. Slade - AUTHORIZED QC MANAGER AT SITE

7-7-99

DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
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QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER	DATE
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# CONTRACTOR QUALITY CONTROL REPORT

N62470-97-D-5000 RANGE B-12, I-1 AND F-11

DATE

7/8/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
REVIEWED.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

E

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

None

**REMARKS:**

SITE ACTIVITIES: CONTINUE TO CONSTRUCT BAFFLE AT (F-11) ALSO INSTALLATION OF SAND FILL MATERIAL IN BEARING (ALSO END WALLS) ALL WORK COMPLIES WITH CONTRACT OPERATION AND MAINTENANCE ON OTHER RANGES HAS BEEN IN DONE LEVEL C+

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

M.A. Slade 7-8-99

M.A. Slade - AUTHORIZED QC MANAGER AT SITE

DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE



# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
7/10/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST  NA
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:  
 SITE ACTIVITES: CONTINUE CONSTRUCTION ACTIVITIES BUILDING BAFFLES AND OTHER SUPPORTS  
 ALL WORK PERFORMED MEETS CONTRACT REQUIREMENTS. ALL WORK AT OTHER RANGES INCLUDED OPERATION MAINTENANCE IN LEVEL D+ PROTECTION IS A REQUIREMENT .

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*M.A. Slade*      7-10-99

M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
GOVERNMENT QUALITY ASSURANCE MANAGER      DATE	



# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
7/12/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST  NA
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

**REMARKS:**

SITE ACTIVITIES: CONTINUE CONSTRUCTING BAFFLE AT RANGE( F-11 ). AND INSTALLATION OF 2"X 10" . ALL WORK PERFORMED IS , IN COMPLIANCE WITH WORK PLAN ALL OPERATION AND MAINTENANCE AT OTHER RANGES EMPTYING OUT LEAD FILL BUCKET'S REQUIRE'S LEVEL D+ PROTECTIVE GEAR.

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*M.A. Slade* 7-12-99  
M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
7/13/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

**REMARKS:**

SITE ACTIVITIES: CONTINUE TO PERFORM CONSTRUCT AT RANGE (F-11) DUE TO LIGHT RAIN IN AREA WORK WAS SLOWED . ALL WORK PERFORMED ON THIS DAY IS IN COMPLIANCE WITH WORKPLAN.

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*M.A. Slade* 7-13-99

M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
7/14/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST  NA
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST  NA
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

**REMARKS:**

SITE ACTIVITIES: CONTINUE SCHEDULE CONSTRUCTION FOR RANGE (F-11) INSTALLING BAFFLES AND SUPPORTS FOR RANGE CONSTRUCTION. ALL WORK PERFORMED IS IN COMPLIANCE WITH WORK PLAN.

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*M. A. Slade* 7-14-99  
M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
7/15/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				TESTING PERFORMED & WHO PERFORMED TEST  NA
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

**REMARKS:**

WORK INCLUDED AT THE RANGE (F-11) CONTINUE TO GET GOOD PRODUCT FROM WORK CREW .ALL WORK IS ON SCHEDULE FOR COMPLETION ON 8-1-99. ALL WORK PERFORMED IS IN COMPLIANCE WITH WORK PLAN.

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during the reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in the report.

*M. A. Slade* 7-15-99  
M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE

7/16/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			NA	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			NA	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
	None

REMARKS:  
 SITE ACTIVITES CONTINUE TO RUN BAFFLING AND CROSS MEMBERS FOR RANGE (F-11).  
 ALSO INCLUDED FINISHED GRADE ON RANGE.FOR INSTALLATION FOR CONCRETE WALK WAYS.  
 ALL WORK PERFORMED IS IN COMPLIANCE WITH WORK PLAN.

  
 M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
7/17/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TESTING PERFORMED & WHO PERFORMED TEST

NA

TESTING PERFORMED & WHO PERFORMED TEST

NA

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
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REMARKS:

ALL WORK PERFORMED MEETS CONTRACT REQUIREMENTS. ALL WORK AT OTHER RANGES INCLUDED OPERATION AND OPREATION AND MAINTENANCE IN LEVEL D+

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
GOVERNMENT QUALITY ASSURANCE MANAGER      DATE	

# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE

7/18/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TESTING PERFORMED & WHO PERFORMED TEST		NA		
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST	NA		
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)				REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST) None
REMARKS:  ALL WORK PERFORMED MEETS CONTRACT REQUIREMENTS. ALL WORK AT OTHER RANGES INCLUDED OPERATION AND OPREATION AND MAINTENANCE IN LEVEL D+.CONTINUE TO WORK ON BAFFLES.				
<small>On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</small>				<div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">M.A. Slade 7-18-99</div> M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE
<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
GOVERNMENT QUALITY ASSURANCE MANAGER				DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
7/19/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST  NA
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

ALL WORK PERFORMED MEETS CONTRACT REQUIREMENTS. ALL WORK AT OTHER RANGES INCLUDED OPERATION AND OPREATION AND MAINTENANCE IN LEVEL D+.CONTINUE TO WORK ON BAFFLES.

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE

7/20/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TESTING PERFORMED & WHO PERFORMED TEST		NA		
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST	NA		

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

**REMARKS:**

ALL WORK PERFORMED MEETS CONTRACT REQUIREMENTS. ALL WORK AT OTHER RANGES INCLUDED OPERATION AND OPREATION AND MAINTENANCE IN LEVEL D+. CONTINUE TO WORK ON BAFFLES AT RANGE F-11 .

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*M.A. Slade*      7-20-99

M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE

7/21/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST  NA
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

**REMARKS:**

ALL WORK PERFORMED MEETS CONTRACT REQUIREMENTS. ALL WORK AT OTHER RANGES INCLUDED OPERATION AND OPREATION AND MAINTENANCE IN LEVEL D+.CONTINUE TO WORK ON BAFFLES AT RANGE F-11 .

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*M.A. Slade* 7-21-99  
M.A. Slade - AUTHORIZED QC MANAGER AT SITE

DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
7/22/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TESTING PERFORMED & WHO PERFORMED TEST

NA

TESTING PERFORMED & WHO PERFORMED TEST

NA

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

ALL WORK PERFORMED MEETS CONTRACT REQUIREMENTS. ALL WORK AT OTHER RANGES INCLUDED OPERATION AND OPREATION AND MAINTENANCE IN LEVEL D+.CONTINUE TO WORK ON BAFFLES AT RANGE F-11 .

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*M.A. Slade*      7-22-99  
M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

**GOVERNMENT QUALITY ASSURANCE REPORT**      DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
7/23/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
<b>PREPARATORY</b>	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>INITIAL</b>	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)  
None

REMARKS:

ALL WORK PERFORMED MEETS CONTRACT REQUIREMENTS. ALL WORK AT OTHER RANGES INCLUDED OPERATION AND OPREATION AND MAINTENANCE IN LEVEL D+.CONTINUE TO WORK ON BAFFLES AT RANGE F-11 .

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

*M.A. Slade*      7-23-99  
M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>	DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
GOVERNMENT QUALITY ASSURANCE MANAGER	DATE

**CONTRACTOR QUALITY CONTROL REPORT**

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
7/26/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	TESTING PLAN HAS BEEN REVIEWED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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None

REMARKS:

SITE ACTIVITES: CONTINUE CONSTRUCTION ACTIVITIES BUILDING BAFFLES AND OTHER SUPPORTS  
ALL WORK PERFORMED MEETS CONTRACT REQUIREMENTS. ALL WORK AT OTHER RANGES INCLUDED OPERATION MAINTENANCE IN LEVEL D+ PROTECTION IS A REQUIREMENT.

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

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7/27/99

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**REMARKS:**  
 SITE ACTIVITIES : INCLUDED CONTINUE TO BUILD BAFFLES AND SETUP FOR CONCRETE SIDEWALK.  
 ALL WORK PERFORMED MEETS CONTRACT REQUIREMENTS. ALL WORK AT OTHER RANGES INCLUDED OPERATION MAINTENANCE IN LEVEL D+ PROTECTION IS A REQUIREMENT .

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

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 M.A. Slade - AUTHORIZED QC MANAGER AT SITE      DATE

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# CONTRACTOR QUALITY CONTROL REPORT

N62470-976-5000 RANGES B-12, I-1, AND F-11 D.O 17 J#920901

DATE  
7/29/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
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REMARKS:  
 SITE ACTIVITIES : INCLUDED CONTINUE TO BUILD SUPPORT BAFFLES AND SETUP FOR CONCRETE.  
 POUR SIDEWALKS AT RANGE F-11 CONTINUE TO SETUP FOR POUR  
 ALL WORK PERFORMED COMPIES WITH CONTRACT AS APPROVED.

On behalf of the contractor, I certify that this report is completed and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

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DATE  
7/30/99

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
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QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
				GOVERNMENT QUALITY ASSURANCE MANAGER      DATE

**APPENDIX E**  
**OPERATION AND MAINTENANCE MANNUAL**

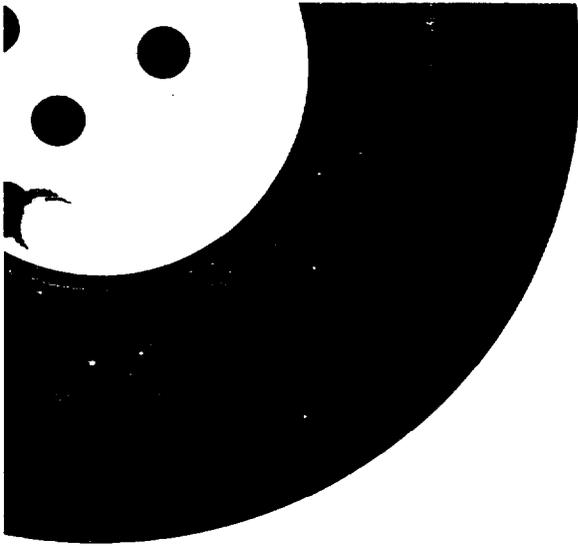
# Owners Manual Table of Content

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# ACTION TARGET

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*OWNER'S MANUAL FOR:*

Rangemaster  
Camp LeJeune  
Camp LeJeune, NC.

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Bullet Trap Dust Collection Unit

Copyright Action Target Inc., May 1995

October 29, 1998

## WARNING!

Any activity using firearms is inherently dangerous and should only be carried out with the greatest of care and seriousness. This equipment is intended for professional use—not for consumer or amusement activities. It should only be used under the strict supervision of qualified firearms training personnel. Action Target will assume no responsibility whatsoever for persons or organizations who use Action Target equipment in a manner which is unsafe and/or which poses a threat to human life, property, or the environment. Never place a target in a location which can be seen from anywhere other than the area where the intended shooter will be firing from. Keep hands and clothing clear of any moving parts, actuators, motors, etc. Always use proper armament in front of actuators, air lines, controllers, fixtures, and any other parts of the system which might be damaged by gunfire. Action Target's warranty will not cover equipment which has been improperly or inadequately armored.

## REPAIR OF DAMAGED TARGET COMPONENTS

If you require repair for damaged components, please call Action Target to obtain a Return Authorization (RA) number. Then ship the return items to the address shown below. Unless you have been explicitly instructed otherwise, you are responsible for the cost of shipping returned materials back for service.

ACTION TARGET INC.  
1281 West 220 North  
Provo, UT 84601  
801-377-8033

If the returned item is covered by warranty, it will be returned to you without charge. Otherwise, you may be charged for the repair. If you wish to be advised of any possible repair costs before the repair is done, please specify this when obtaining your return authorization.

Action Target reserves the right to repair or replace, at its option, any part of an Action Target system or component in the course of servicing that system or component.

## ACTION TARGET LIMITED WARRANTY

Action Target Inc. will repair or replace, at its option, any product which does not function correctly due to faulty components or workmanship for a period of 90 days from date of purchase. Action Target Inc. reserves the right to not warranty any product which falls into any of the following categories:

- A product which has been modified or altered by anyone other than an authorized Action Target service person.
- A product which has been damaged due to improper armoring (A bullet hole in a product is a good indication of improper armoring.)
- A product which has been damaged due to user negligence or failure to perform the recommended maintenance procedures.
- A product which has been damaged due to acts of nature or chance (earthquake, lightning, flood, fire, etc.)

An extended warranty or a service contract may extend your coverage over that stated herein but does not exist unless explicitly stated in writing and as part of a specific, single purchase. Action Target makes no other warranties, expressed or implied.

# 1 Overview

## 1.1 Scope

This manual will aid the user in maintaining, checking, and adjusting the Action Target Dust Collection Unit. Sizing, installation, and repair questions should be directed to Action Target for more detailed technical assistance. If you have specific questions about environmental contamination or other environmental issues, please direct them to a local, qualified professional environmental consultant.

## 1.2 Warning

Action Target is not responsible for contamination, environmental damage, or any other consequences of range operation regardless of whether or not a Dust Collection Unit is in use. The mere presence of the Dust Collection Unit is no guarantee that lead or other environmental contamination will not occur. The Dust Collection Unit is designed to reduce particulate emissions—not eliminate them. The effectiveness of the filtration system is largely dependent upon the type of filters used, the material loading on the filters, the integrity of the filters, and the particular environment in which the Dust Collection Unit is used. See figure 1 for the technical specifications of the filters provided by Action Target.

The Dust Collection Unit is normally furnished as a primary containment system only. Failsafe circuitry is provided which, when properly maintained, will shut the system down within seconds of a filter breach. This will minimize any resulting contamination, but will not eliminate it. This potential hazard can be virtually eliminated by the addition of a final, redundant HEPA filter stage (available from Action Target). However, it should be noted that in the case of a filter breach, the HEPA filter will be destroyed and must be replaced prior to continuing operation.

The filter cartridges in the Dust Collection Unit are designed to last for several years. However, the actual effective life will vary from one site to the next. The cleaning procedures outlined herein describe a method whereby the filters can be changed without excessive human contact with lead particulates. This should not be construed to mean that no contact with lead will occur. If you require absolute isolation from lead particulates, you must employ secondary measures such as protective clothing, respirators etc. while servicing the Dust Collection Unit and associated components.

You should obtain replacement filters only from Action Target. The mere fact that a replacement cartridge *fits* into the collector housing does **not** mean that the filter will perform to the specifications shown in figure 1.

## 1.3 General

The Dust Collection Unit consists of several components (see figure 2): the blower unit, the filter bank, the collection drum, and the collection manifold. The collection manifold consists of a main collector tube which is fed by individual tubes which connect to each bullet trap chamber module. The number of individual chambers varies from one range design to the next, so the main collector tube, the filter bank, and the blower will be sized accordingly.

A blast gate is provided where each individual tube enters the main collection tube. These gates are adjustable to vary the amount of air flow drawn off each bullet trap chamber. They are adjusted at the time of installation by a factory installer using a flow sensing device which is inserted at the calibration ports shown. Generally, these gates should not require adjustment by the user.

Inside the filter bank, air is passed through a group of filter cartridges. These filters are designed to process dry air only. If water is introduced into the filtration system by any means, the filters may be destroyed. Such damage will manifest itself either as a broken filter or a clogged filter. The user should maintain a supply of replacement filters on hand in case of a filter failure. If no failures occur, such spare filters can be used at the next regular replacement cycle. Replacement filters are available from Action Target and are not necessarily provided as a part of your original system.

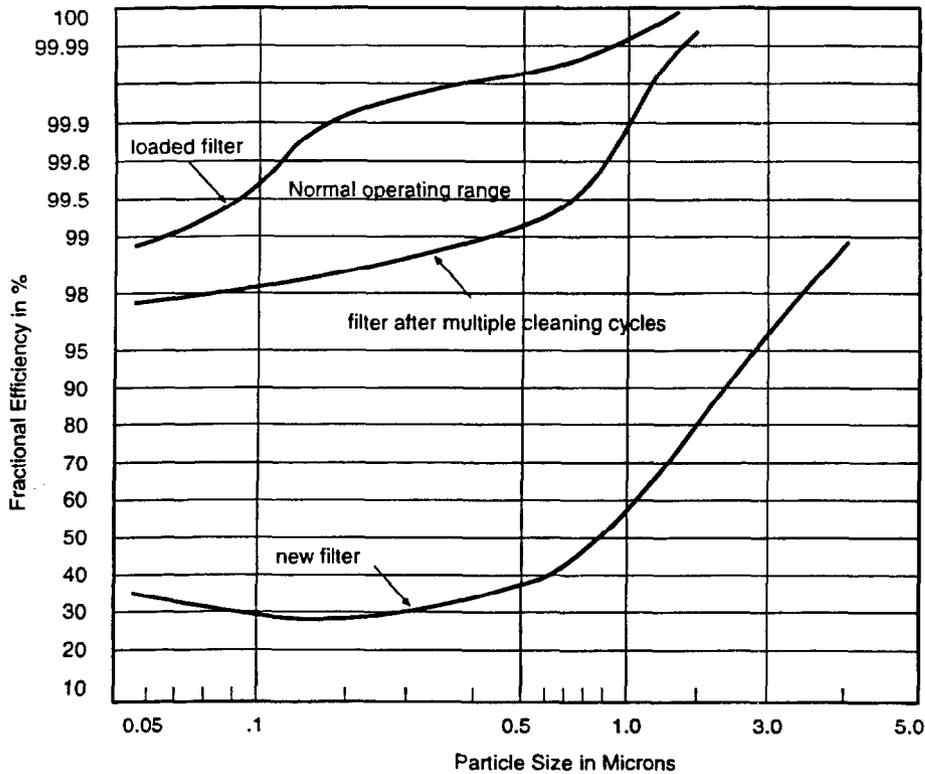


Figure 1: Filter Efficiency

## 2 Operation

### 2.1 Basic

The user controls for the Dust Collection Unit consist of two buttons: "start" & "stop" as shown in figure 3. Note that the exact location of these controls may be different for each installation. In installations where the operation of the Dust Collection Unit can not be detected audibly, there may also be an optional "power-on" indicator light on the user control panel.

To begin operation, press the start button and hold it down. The low-pressure alarm will sound for several seconds while the blower is coming up to speed. When proper operating pressure has been achieved, the alarm will go silent. When this happens, you may release the start button. If the start button is released before the alarm goes silent (by itself) the Dust Collection Unit will enter a shutdown state and will not operate properly until the start sequence is executed properly.

If the low-pressure alarm does not automatically turn off after a few seconds, this is an indication of a filter breach. The Dust Collection Unit should not be operated further until the filters have been examined (see section 4 on debugging). When the Dust Collection Unit is in operation, you should be able to clearly hear the sound of the blower. If at any time, the blower turns off or if the alarm sounds, cease operation immediately until the unit has been thoroughly checked.

When use of the Dust Collection Unit is concluded, press the stop button momentarily. This will remove power to the unit. The unit may be safely left in this state overnight or for extended periods of time. If it is desired that the unit be unusable for a period of time, remove power to the system by turning off the main breakers (120V control voltage and 3 phase motor voltage) or turn off and lock the local disconnect.

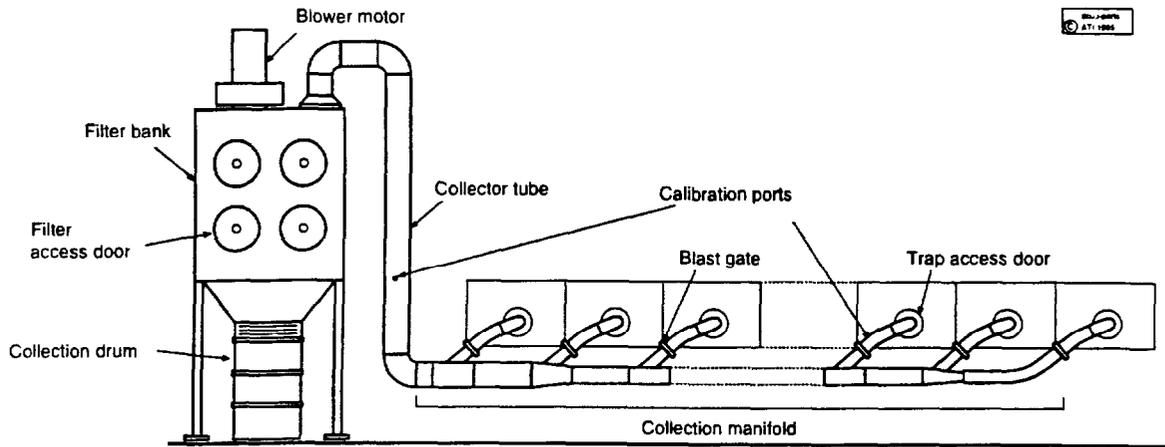


Figure 2: Dust Collection Unit Components

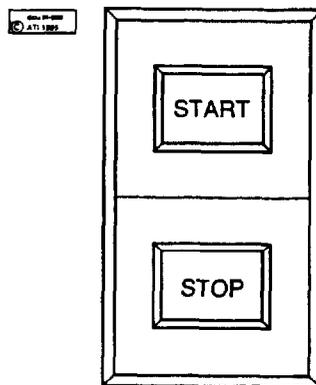


Figure 3: Start/Stop Controls

## 2.2 Differential Pressure

Figure 4 shows the front view of the main junction box. This box should be located somewhere between the control panel and the Dust Collection Unit. It contains the control circuitry which starts and stops the Dust Collection Unit as well as timer(s) to control the cleaning cycles of the filters.

This same figure also shows the cleaning cyclers control box which should be somewhere close to the main junction box. This box contains circuitry which, under control of the main cleaning timer, energizes the cleaning system. This cleaning cycle occurs, one filter at a time, at timed intervals.

The gauge on the front of the main junction box shows the current operating pressure of the Dust Collection Unit. This is an indication of the difference between the pressures on each side of the filters (inlet side and outlet side). When the filters are properly loaded, there should be a normal operating pressure of about 1 to 2 inches (in-H<sub>2</sub>O).

There are two knobs on the front of the gauge. One sets a high pressure set-point and the other sets a low pressure set-point. If the operating pressure rises above the high set-point, this is an indication that the filters are clogged. The control circuitry should sense this and begin a cleaning cycle. If the operating pressure falls below the low set-point, this may be an indication that a filter has broken. The control circuitry should sense this and shut the system down so no particulates can escape through the broken filter.

Some systems are equipped with a second timer called the Startup Timer. This timer turns on each time power is applied to the system and runs a single cleaning cycle regardless of the pressure settings. If the timer module is missing (inside the junction box), the controller is not equipped

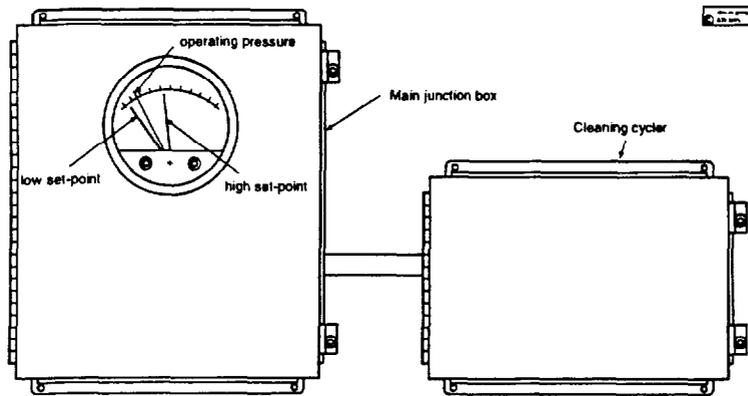


Figure 4: Junction boxes

with this option.

It should also be noted that new filters might register a pressure which is below the normal low set-point. This is simply a result of them being "too clean." In addition to causing a lower operating pressure, a filter which is "too clean" will not filter as well (see figure 1. Rather, it will allow larger particulates through than it will once it has been used for some time. As a result, there may be slightly increased particulate emissions from a system which has just recently had the filters changed.

In order to remedy this, there is a procedure called "loading" in which a powdery substance is introduced into the filtration system. This powder clings to the filters just as would the regular lead particulates during normal operation. This "cake" of powder on the filter surface increases the efficiency of the filter (as well as the operating pressure) to the proper specifications.

### 3 Maintenance

The Dust Collection Unit requires regular maintenance in order to ensure long life and reliability. A system which is operated with clogged filters or with an improper operating pressure can easily be damaged.

For this reason, it is required that you keep a log of all weekly maintenance sessions which records the date of the inspection, the type of procedures performed, and the readings observed on the equipment. If this log is not kept, the warranty for your Dust Collection Unit may be invalidated.

To prepare a log, simply make copies of the example log sheet in the back of this manual. Keep a book of these pages together. As each weekly maintenance procedure is executed, write in the appropriate information on the applicable sheet. (Note that the weekly procedure includes a daily procedure.) If service is required on your Dust Collection Unit these log sheets may be instrumental in determining the cause of the problems.

#### 3.1 Daily

Each time the Dust Collection Unit is used, the differential pressure gauge on the main junction box should be checked. When the power is off, the gauge should read 0. During operation, the operating pressure should generally be about 1 to 2 inches. (This "proper operating pressure" may vary from one system to the next. Check with Action Target at the time of installation to get the proper operating pressure for your system and enter it below.

Also check to see that the set-point knobs are properly set. The high point is generally set just above 2 inches and the low point is generally set just below 1 inch. Again, these settings may be site dependent. Enter the proper site pressures here:

- Local site "proper operating pressure": 1" Right side  
1.7" Left side

- Local site "low set-point pressure": Both sides .5"
- Local site "high set-point pressure": Right side 1.8" Left side 2.7"

If either setting has been moved by anyone, return it to its proper setting at once. If the operating pressure is higher than the high set-point pressure, see section 4.3. If the operating pressure is lower than the low set-point pressure, see section 4.2.

There is generally an air compressor which provides pressure for the filter cleaning cycle. Check to see that the air pressure is in the range of 90 to 100 psi. There should be a purge valve on the bottom of the compressor, somewhere in the air line, or both. Each day, prior to use of the system, open this purge valve momentarily to see that compressed air blows out. If water comes out, continue purging until all water has been blown out.

### 3.2 Weekly

Perform the Daily procedure outlined in section 3.1. Record the results of today's Daily checks and Weekly checks in the log as shown in section 5.

#### 3.2.1 Automatic Breach Detection

First, test the automatic breach detection circuitry. (Wear ear protection during this procedure.)

First, turn the Dust Collection Unit power on. Test the automatic breach detection circuitry by slowly moving the low set-point knob to move the set-point up toward the normal operating pressure. When the low set-point reaches the operating pressure, the alarm should sound and the blower should turn off. After resetting the low set-point pressure to its proper value (see section 3.1), turn the entire system off and then back on again.

If the unit fails the breach-detection test, the sensor circuitry is malfunctioning. The malfunction may not pose an immediate threat. However, if a filter breaks, the surrounding environment will be contaminated with lead particulates. Therefore, this malfunction should be corrected immediately. Contact Action Target immediately for technical assistance.

#### 3.2.2 Automatic Cleaning

Next, test the automatic cleaning circuitry. If your system is equipped with the Startup Timer, you will have to wait after power-on until the startup cleaning cycle has finished.

With the power on to the system, open the cover to the cleaning cyclor box and the main junction box (see figure 4). Do not touch any connections inside these boxes or electrical shock may occur.

With the system running, slowly move the high set-point knob to move the set-point down toward the normal operating pressure. When the high set-point reaches the operating pressure, the "R" light on the Pressure Timer module (inside the main junction box) should come on. Then, the red lights inside the cyclor box should begin to flash on very briefly and one at a time. (There are several seconds of delay from one light to the next.) Each time a light comes on in the cyclor box, this indicates a cleaning cycle on one of the filter cartridges.

If the unit fails this test, the automatic cleaning feature is malfunctioning. While this may not pose an immediate threat, before long, the filters will become clogged. This will impair the units effectiveness, it will increase environmental contamination, and may cause damage to the Dust Collection Unit. Therefore, this malfunction should be corrected immediately. Contact Action Target immediately for technical assistance.

#### 3.2.3 Lead Accumulation

Next, check the level of accumulation in the collection barrel. (Wear gloves or other protective clothing for this procedure.) Turn the Dust Collection Unit off and wait about 15 minutes for the dust to settle inside the barrel. Loosen the lid clamp and look inside to determine how much debris has been collected. A full barrel may be too heavy to be moved (depending upon what equipment

you have to move the barrel). If the barrel has become full (or as full as you can easily move), replace the barrel with an empty one. Re-attach the lid and secure the lid clamp in place.

Next remove one of the covers over the filters on the collector unit (remove a different door each time you do this). Check to see that there is not a deep accumulation of matter on the top side of the filter. If there is a deep accumulation of lead, the cleaning system may be set improperly or may not be functioning properly.

To remedy this condition, it is first necessary to remove the excess lead from the top of the filters. This can be done with a HEPA vacuum or by simply rotating the filters. If you rotate the filters, you must wear the appropriate protective clothing and respirator to prevent contact with lead.

Once the lead accumulation has been removed, you must adjust the cleaning controller. Contact Action Target for help in achieving a better setting for the circuitry.

After these and any procedures where you may contact lead particulates, wash hands and face with soap and water (or shower if possible). Launder clothing at soonest available opportunity.

### **3.2.4 Air Compressor**

Finally, check the oil level in the air compressor. Remove the plug at the base of the cylinder head. Oil should be clearly visible near the base of the threaded hole. Add oil if necessary. If oil must be added on more than a monthly basis, the rings on the compressor may be worn. This may be blowing oil into the filtration system and compromising the integrity of the filters. Repair the unit as soon as possible.

## **3.3 Every 2000 Hours**

If the motor is equipped with grease zerks and is operational 24 hours a day or located in a harsh environment, grease the motor 2-3 pumps with a grease gun at 2000 hour intervals.

## **3.4 Yearly**

Check the logs to see when the filters were last changed. If the filters have been used for more than 3 years or 4000 hours, you may want to consider changing them regardless of their current condition. Filters may last as long as 5 years or more or they may last as little as several months. If the filters are in good condition and the operating pressure is within tolerance, you may choose to continue using them for as long as they maintain proper operating pressure. However, you should note that the chance of a filter breach increases with the age of the filter.

## **3.5 Filter Changing**

When it becomes necessary to change a filter, follow this procedure. In many cases, it is not necessary for the cleaning procedure to require direct contact with the lead particulates. However, it is advisable to wear gloves, a respirator and any other applicable protective clothing in case of a slip or spill.

If the bags are known not to be broken, turn the Dust Collection Unit on and perform the procedure for cleaning the filters discussed in section 3.2. Allow the cleaning cycle to run 10 to 20 times through. This should clean the filters as much as possible. If it is suspected that any bag is broken, do not operate the Dust Collection Unit at all. Rather, go directly to the next paragraph.

Turn the Dust Collection Unit off and wait for about 15 minutes for the dust to settle inside. Shake out a heavy-wall garbage bag so it is open, and doesn't cling together. Open the round access door over one of the filter cartridges (see figure 2) and remove the cover.

Hold one edge of the rim of the garbage bag in one hand. Hold the opening of the bag up against the opening around the filter. Push the bottom of the bag up against the filter and grasp the filter (the bag should be between your hand and the filter). Before removing the filter, rotate it a full 360 degrees. This will cause the heavier lead particles to fall into the collection bin first. Pull the filter out while holding the rim of the bag against the unit. As you pull it out, the filter should end up in

the bag. Pull the top of the bag around the filter. Tie the bag securely at the top with a wire-tie, and dispose of the bag according to your local guidelines for lead-waste material.

If you are careful, all of the particulate matter should be contained in the bag or stay inside the Dust Collection Unit. If any lead material drops on the ground, use a HEPA vacuum to clean up the spilled material.

Place a new filter in to replace the old one. Push the filter in firmly to make sure it is securely seated in its place. Repeat the procedure for the remaining filters. (If a single filter is being replaced because it is broken, the entire bank of filters should probably be replaced.) Replace the filter access doors, making sure the doors close tightly.

Make a note in maintenance logs of the date the filters were changed. This log must be kept in a place where future maintenance personnel will have access to it several years in the future as they perform the annual service routine (see section 3.4).

Proceed to section 3.6 to load the new filters.

### 3.6 Loading new filter

As mentioned, new filters are not fully functional until they accumulate a coating of particulates on them. This can be accomplished quickly by "loading" the filter. Use the loading compound supplied by Action Target for this procedure.

Note all safety warnings on the bag containing the loading compound. You must take appropriate steps such as (gloves and a respirator) to avoid inhaling or ingesting the compound during this procedure.

Turn the system on. If the operating pressure is too low to keep the system running, turn the low set-point down enough that the system will stay on. Disconnect one of the tubes on the end of the collection manifold farthest away from the filter bank. Slowly sprinkle about 1 cup of loading compound into the pipe at a time while monitoring the operating pressure. As you add more compound, the operating pressure should slowly rise until it comes into the range of acceptable pressure (see section 3.1). It may take about 1/2 gallon of compound for each filter in the system. If the operating pressure is not affected by the loading procedure, stop the procedure and check the filters again to make sure they are properly seated. If any significant amount of the loading compound blows out the blower outlet, stop the procedure and locate the leak before continuing.

Once the proper operating pressure has been achieved, replace the tube on the collection manifold. If your system is using the Startup Timer, you should remove this timer as described in section 4.2. The timer should be replaced once the first automatic cleaning cycle has been generated. This may take several days to several weeks depending on the usage. If there are any questions, please call Action Target.

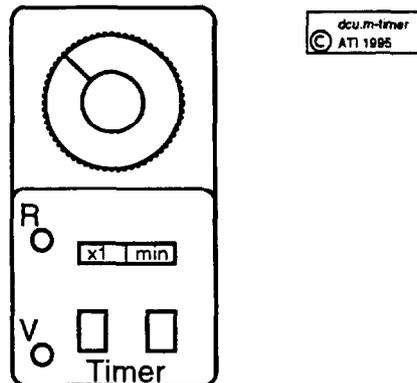


Figure 5: Timer Adjustment

## 4 Debugging

### 4.1 System Won't Turn On

If the system will not turn on, first check to see that the main circuit breakers are turned on. There should be a 120V line which operates the control circuitry in the main junction box. When this voltage is on, there should be a "V" light on on the timer module inside the this box.

There should also be a breaker which operates the motor voltage. This is probably 3 phase power at 208V or 408V.

### 4.2 Pressure Too Low

If the system has stopped automatically with an alarm sounding, or if the alarm never goes off during the startup procedure, this may indicate one of several problems.

If the filters are relatively new, you should check the cleaning cycle. Each cleaning cycle should run long enough to pulse the cleaning valve on each filter only about 1 time. If the cleaning cycle is excessively long, the filters may become unloaded and will not function properly.

If your system consistently operates at a pressure which is too low, check to see if the junction box is equipped with a Startup Timer. This timer cleans the filters *once each time the unit is turned on* regardless of operating pressure. To disable this function, simply remove the timer (pull it out of its socket). Without this timer, the system will only clean when the filter pressure rises over the high set point. In some installations, the DCU can be operated in this mode indefinitely. If you have questions about your site, please call Action Target.

The other timer is the Pressure Timer (both timers are as shown in figure 5). In a normal cleaning cycle, cleaning will continue until the operating pressure drops below the high set-point. From that time, the timer will begin running for the amount of time set on the dial (should generally be 2 - 3 minutes). This time should be sufficient to bring the operating pressure back into the acceptable region, but not so long that the natural loading of the filter is removed.

If the filters are older, or you think that water may have recently been introduced into the system, it is likely that a filter is broken. Follow the procedure in section 3.5 for changing the filters.

If the alarm has not sounded, but an examination of the pressure shows it is too low, the procedures listed earlier in this section are still valid. However, you have the added problem that the low-pressure detection circuitry is malfunctioning. Contact Action Target immediately for technical assistance.

### 4.3 Pressure Too High

If a routine examination of the system shows that the operating pressure is too high, this indicates that the filters may be clogged. Open the door to the cleaning cyclor box (see figure 4) and see if the indicator lights for the cleaning valves are coming on in sequence as described in the maintenance section. If the lights are not coming on, there is a malfunction in the cleaning circuitry. Contact Action Target immediately for technical assistance.

If the lights are coming on in sequence, check to see if there is air pressure present in the air compressor. This can easily be done by opening a purge valve momentarily. If air pressure is present, then either the cleaning valves are not functioning properly, or the filters are uncleanable.

Listen to the cleaning valves on the side of the filter bank during the cleaning cycle. As the cyclor lights flash on, you should be able to hear a burst of air as the valve fires. If the cyclor lights are flashing, but the valves are not operating, contact Action Target for technical assistance.

If you know that water has been introduced into the system recently, follow the procedure in section 3.5 for changing the filters. If the cleaning valves do not seem to be working properly or if the system quickly clogs again after filter replacement, contact Action Target immediately for technical assistance.

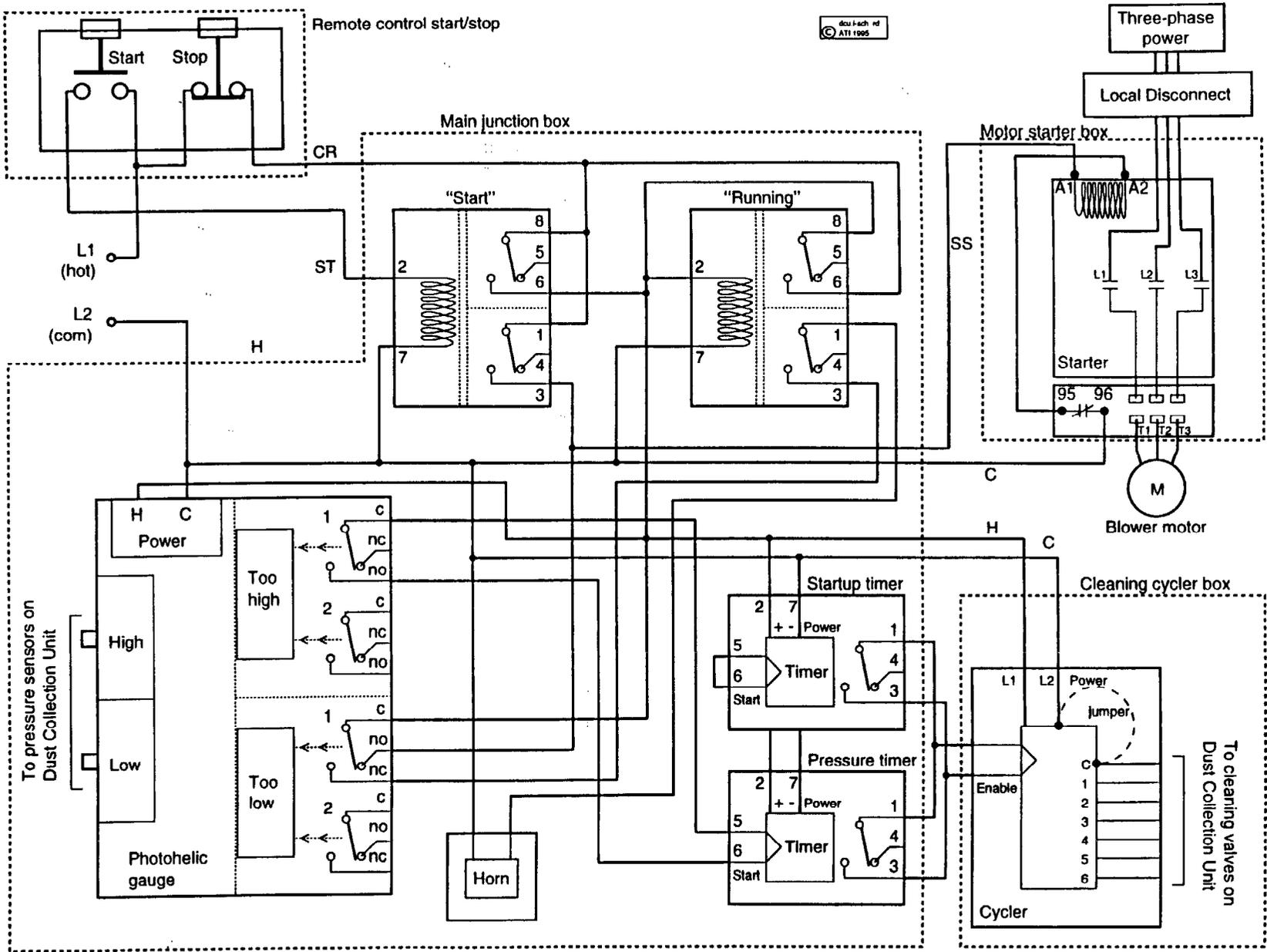


Figure 6: Control Schematic

The Action Target Total Containment Trap II (TC2)

Copyright Action Target Inc., May 1995

October 29, 1998

## WARNING!

Any activity using firearms is inherently dangerous and should only be carried out with the greatest of care and seriousness. This equipment is intended for professional use—not for consumer or amusement activities. It should only be used under the strict supervision of qualified firearms training personnel. Action Target will assume no responsibility whatsoever for persons or organizations who use Action Target equipment in a manner which is unsafe and/or which poses a threat to human life, property, or the environment. Never place a target in a location which can be seen from anywhere other than the area where the intended shooter will be firing from. Keep hands and clothing clear of any moving parts, actuators, motors, etc. Always use proper armament in front of actuators, air lines, controllers, fixtures, and any other parts of the system which might be damaged by gunfire. Action Target's warranty will not cover equipment which has been improperly or inadequately armored.

## REPAIR OF DAMAGED TARGET COMPONENTS

If you require repair for damaged components, please call Action Target to obtain a Return Authorization (RA) number. Then ship the return items to the address shown below. Unless you have been explicitly instructed otherwise, you are responsible for the cost of shipping returned materials back for service.

ACTION TARGET INC.  
1281 West 220 North  
Provo, UT 84601  
801-377-8033

If the returned item is covered by warranty, it will be returned to you without charge. Otherwise, you may be charged for the repair. If you wish to be advised of any possible repair costs before the repair is done, please specify this when obtaining your return authorization.

Action Target reserves the right to repair or replace, at its option, any part of an Action Target system or component in the course of servicing that system or component.

## ACTION TARGET LIMITED WARRANTY

Action Target Inc. will repair or replace, at its option, any product which does not function correctly due to faulty components or workmanship for a period of 90 days from date of purchase. Action Target Inc. reserves the right to not warranty any product which falls into any of the following categories:

- A product which has been modified or altered by anyone other than an authorized Action Target service person.
- A product which has been damaged due to improper armoring (A bullet hole in a product is a good indication of improper armoring.)
- A product which has been damaged due to user negligence or failure to perform the recommended maintenance procedures.
- A product which has been damaged due to acts of nature or chance (earthquake, lightning, flood, fire, etc.)

An extended warranty or a service contract may extend your coverage over that stated herein but does not exist unless explicitly stated in writing and as part of a specific, single purchase. Action Target makes no other warranties, expressed or implied.

# 1 Overview

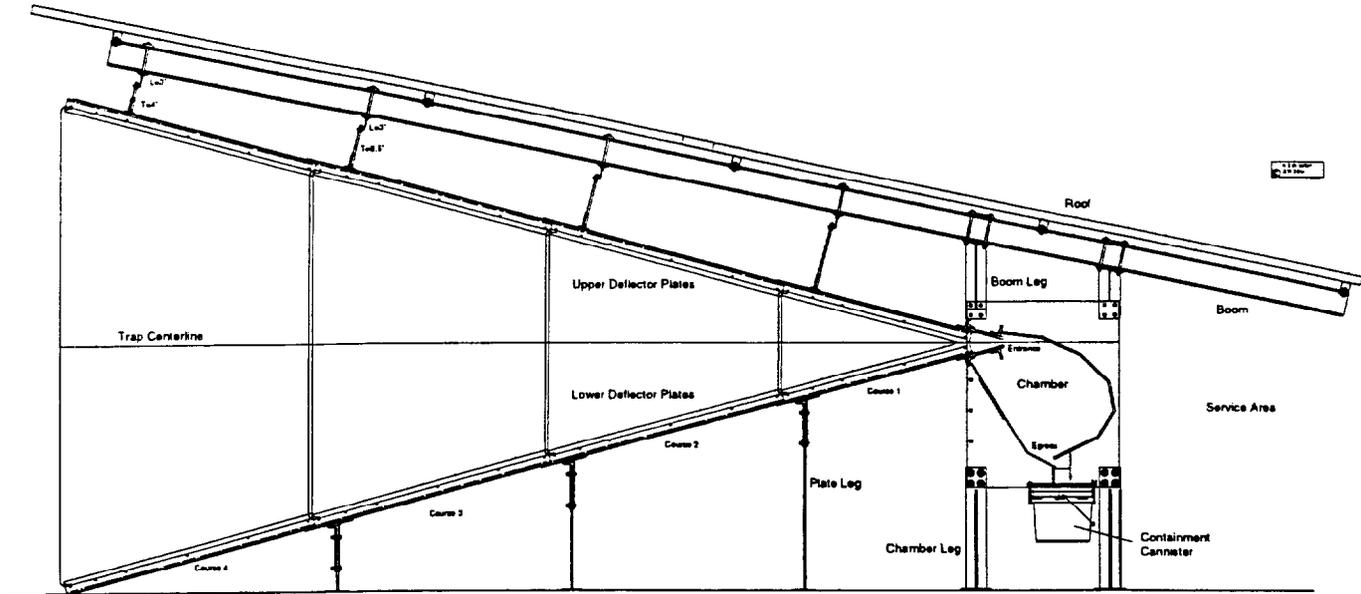


Figure 1: Typical Side View

## 1.1 The TC2

The TC2 is the second generation in the family of Total Containment Traps. It differs from the first generation of Total Containment Traps primarily in that its containment chamber is fabricated as a single unit. Its impact surfaces are also optimized for a more efficient deceleration of projectiles. And its lead collection system is greatly improved.

The TC2 is one of the most innovative and safe steel bullet traps available for any firing range - indoor or outdoor. Unlike many traps of the past, the TC2 is a projectile "containment system." This means that it not only stops bullets, but also collects them in a containment cannister where they will be permanently stored until they are transported for disposal or recycling. The low impact angles and sealed, enclosed chamber design of the TC2 greatly reduce emissions of lead particulates associated with traditional, open-frame steel traps. The addition of an optional dust collection unit virtually eliminates airborne particulate emissions. The heavy steel design is long-lasting and rugged to assure years of reliable use.

The TC2 uses hardened steel deflector plates oriented at low angles of impact to direct projectiles through a small aperture and into a containment chamber (see figure 2). Once inside the chamber, the bullet is broken up and decelerated by a series of impact plates oriented at increasing angles of incidence. Once stopped, bullet fragments fall downward through the base of the chamber where they are collected in a cannister. (Some other collection options are available.)

## 1.2 Warning

The TC2 is designed to virtually eliminate bullet splatter back in the direction of the shooter. However, bullet splatter is not entirely predictable. Some rounds fragment in a regular manner, while others can throw off pieces in unexpected directions. If you are in the vicinity of any surface where bullets are impacting, it is only a matter of time until you will be struck by some small fragment of a bullet. While this is not likely to be life-threatening, it can cause damage to eyes or other exposed areas of the body.

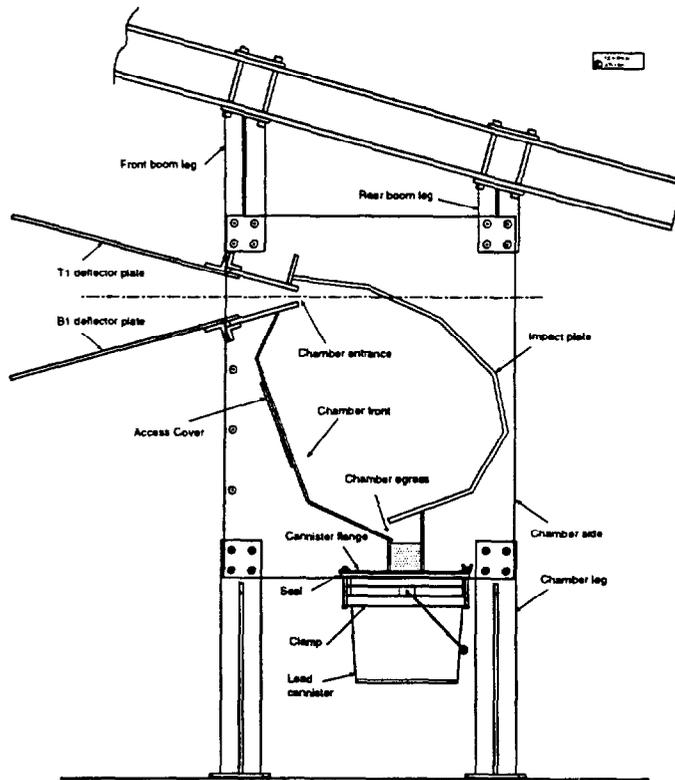


Figure 2: Trap Chamber Side View

For this and other reasons, eye and ear protection must be mandatory on any shooting range. Long pants and shirt sleeves help reduce the chance of discomfort due to the impact of bullet splatter.

Action Target will not accept responsibility for damages due to bullet splatter, environmental contamination or any other consequence of the use of a TC2. Action Target makes no representation whatsoever that the TC2 or any other bullet catching device will contain 100 percent of the potential splatter or contaminants present on a shooting range. The TC2 is a primary containment system only. Secondary containment or other redundant means may be required in order to assure operation compliant with local, federal or other environmental standards.

The cleanup procedures outlined herein are not represented by Action Target to be inherently safe nor 100 per cent effective. These procedures are given for reference only and outline the absolute minimum safety standards that should be considered. Therefore, these procedures may need to be combined with redundant precautions such as respirators or other protective precautions to isolate the operator from lead and/or other contaminants.

### 1.3 Lead Particulates

As the bullet is decelerated inside the containment chamber, it becomes fragmented. The resulting particulates range from large, heavy fragments down to "micron-size" dust. In most lower volume applications, the great majority of these particulates eventually make their own way down into the collection cannisters at the base of each chamber. The small portion of the particulates which don't make it into the containment chamber eventually settle on the lower deflector plates or on the ground in the surrounding area. On indoor ranges, this dust can easily be collected as part of a regular cleaning procedure with a HEPA vacuum.

In installations which are outdoors, or where there are a large volume of high velocity rounds fired, it is generally not acceptable to allow such lead emissions since wind and rain can carry the contaminants away from the trap area and into the surrounding environment. In such cases, a

secondary containment system is highly recommended.

A further device for minimizing lead emissions from the containment chamber is the "Dust Containment Unit" (DCU) from Action Target. The DCU is a high volume, high pressure vacuum system which evacuates air and particulates from the bullet containment area where the majority of lead particulates are created. This system creates a "net negative pressure" inside the containment chamber, causing air to flow into the chamber entrance, carrying lead and other particulates as it goes. The DCU then filters particulates from the air, depositing the collected matter in a canister for recycling or disposal. The clean, filtered air is expelled into the atmosphere. Please see the DCU operations manual for more specific information.

#### 1.4 Other Sources of Lead Particulates

The lead collection mechanisms of the TC2 can only be expected to deal with lead and projectiles which successfully reach its containment chamber. Some errant projectiles strike walls, the ground, or other solid objects prior to coming in contact with the bullet trap. All projectiles experience slight deformation on initial contact with the bullet trap deflector plates. And many types of ammunition expel lead particulates and other contaminants directly from the barrel of the gun.

All these are additional, potential sources of contaminants and must be addressed in addition to the use of the TC2. Perhaps the most effective way to prevent the spreading of such contaminants into the surrounding environment is to perform a regular cleaning procedure with a HEPA vacuum of all effected surfaces such as the mouth of the bullet trap, the surrounding ground, the walls and ground surrounding the shooter, and the area behind the bullet trap.

Some ranges successfully utilize a wet wash-down procedure to control particulate matter. For such a procedure, the range must be equipped with a catch basin or reservoir of some type to contain the runoff water. This water can not be released into the environment until it is purified in some way either by evaporation, filtration, or settling. Section 1.5 goes into more detail on this subject. Note that a wet cleanup procedure is not recommended on ranges which utilize the DCU since the direct introduction of water into the collection unit can destroy the filters and necessitate their replacement.

#### 1.5 Range Design Considerations

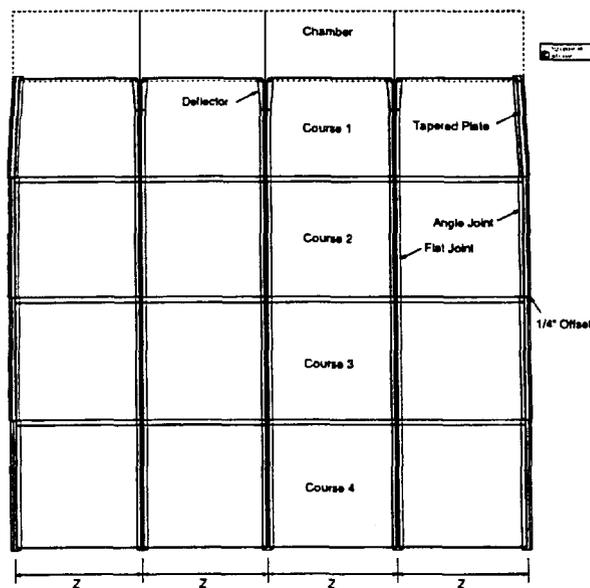


Figure 3: Figurative Top View

### 1.5.1 Lane Placement

The TC2 consists of a number of modules placed side by side to form a complete bullet trap (see figure 3). Normally these joint strips are not as resilient as the deflector plates which form the shooting lanes so heavy shooting on the modules joints should be avoided where possible. In most cases, each trap module should correspond with a shooting lane. In other words, orient the targets so that the majority of rounds hitting the target will impact in the center section of a trap module rather than on the joints. The TC2 can optionally be provided with special hardened joint strips for high power applications or applications where heavy shooting on the joints can not be avoided.

Depending on the angle, cross directional shooting can radically reduce the effectiveness of the TC2. For example, never shoot from lane 1 into the trap at lane 20. The angle of impact on the trap may cause damage or injury. As might be expected, this problem is more acute when using high velocity projectiles and much less significant with pistol fire. In the case of rifle fire, the trap may be damaged or completely penetrated. In any case, the splatter coming off the round can be dangerous to observers or other shooters in the area.

It is not recommended that the shooter stand directly in the mouth of the trap while firing. The range should be designed so the shooter is not required to stand any closer than 20 ft. from the front aperture of the trap. The probability of being struck by small fragments of bullet splatter will dramatically decrease as the distance from the trap is increased.

It is also recommended that the range be oriented so that the majority of projectiles enter the trap on a flat, horizontal trajectory. The closer the point of impact is to the opening of the containment chamber, the less the chances will be of producing particulates which do not make it into the chamber.

### 1.5.2 Roof Option

It is not recommended that rainwater be allowed to pass into the containment chamber in any installation. In fact, on installations which use the Dust Collection Unit, any significant volume of water which enters the system can solidify the particulates accumulated on the filters. This renders them useless and requires replacement of all filters in the system.

The TC2 can be installed inside a building or outdoors. When installed inside a building, it is most efficient if the upper portions of the trap can be supported by the roof structure inherent in the building. The trap structure adds about 15 psf to the average roof load in the area of the trap.

The TC2 is also available as a totally self-supporting system, requiring only a 6", 4000psi concrete pad under the area of the trap and no overhead support (see figure 1). When this system is employed, it is possible to add an optional roof system which covers the area of the trap, about 24" on each side, and about 36" on the back. While this does not keep all of the rain off the bullet trap, it does keep the chambers dry as well as the vast majority of lead particulates which might be present on the ground underneath the trap.

However, if the range is designed in such a way that the runoff from other parts of the range drains toward the trap, this water may pick up lead particulates and carry them off into the surrounding environment. This defeats some of the value of a roof system. New ranges should be designed so that any water present on the ground in the trap area is contained and then evaporated or filtered prior to being released. Water present on the ground in other areas of the range should run off the range without passing through the trap area.

### 1.5.3 Passive Indoor Systems

Indoor ranges can effectively operate a trap system without a dust collection unit (passively) if the proper precautions are taken. First it must be recognized that, while the majority of lead fragments will be contained by the collection system, a small percentage of the total lead in the system will remain airborne for some time inside the containment chamber. A portion of this airborne lead may escape through the chamber entrance and float around the area near the trap.

To operate a passive system indoors, you should make sure that the area around the trap is totally sealed off from the outside. Air flow in this area is not desirable as it may pick up airborne

lead and convey it to other areas. Ventilation required within the range should be drawn out in front of the trap to maintain the air flow only in the area between the shooters and the trap. Air drawn off in this way should be filtered and should not be reintroduced into the shooter area unless proper filters or other means are used to purify the air. Any doors or other access into the area should contain weather stripping or other means of sealing in order to contain lead emissions within the trap area. A periodic cleanup procedure must be performed as outlined in the maintenance section.

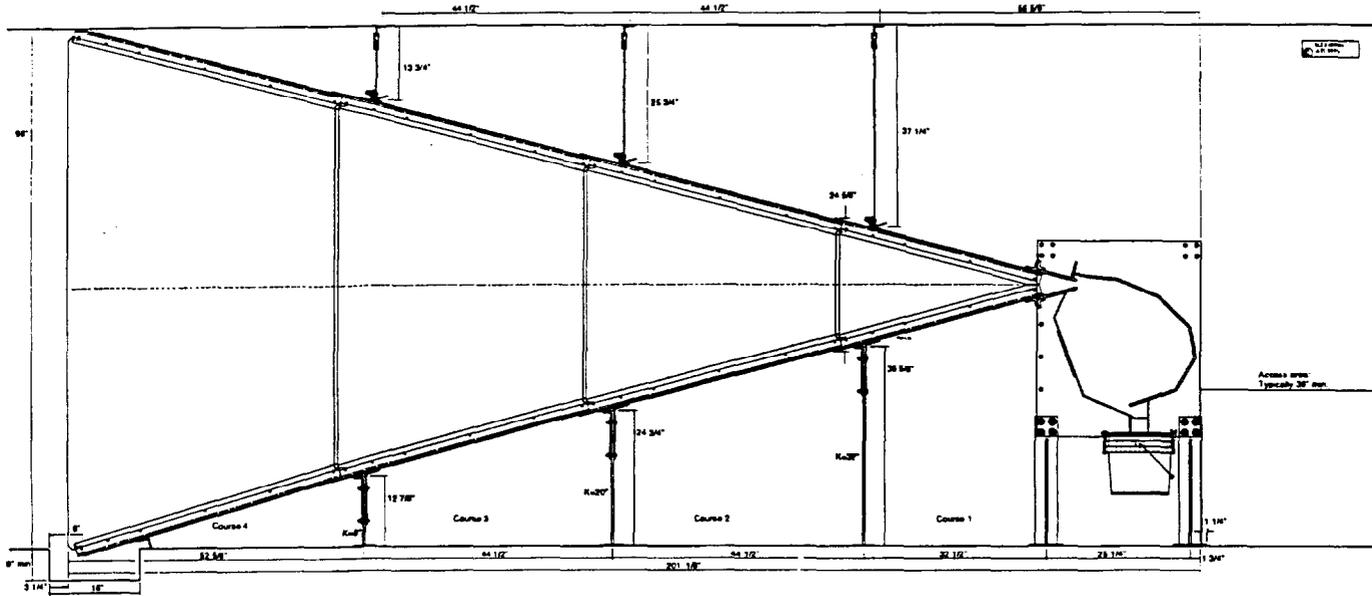


Figure 4: TC2 with Overhead Support and Collection Trough

### 1.5.4 Wet Secondary Containment Systems

All outdoor systems should include a secondary containment system if possible. Even if lead emissions off the trap are reduced to zero, any shooting range still has a contamination potential due to muzzle emissions, misdirected shots etc. Therefore, to improve environmental protection, secondary containment is always recommended.

This normally consists of a concrete pad extending the full width of the range and all the way from the shooter area to the rear of the bullet trap. The concrete pad should be bordered on all sides by a wall at least 6" tall and preferably several feet tall. These walls are intended both to contain water and to limit the spreading of contaminants by wind from the range to other surrounding areas. All surfaces should grade slightly toward a containment trough, generally located near the front edge of the bullet trap as shown in figure 4. This containment trough should be ported outside the range into an evaporation pond or containment pool with enough capacity to contain the likely rainfall for your particular region (check with a local engineer for local rainfall projections).

Evaporation pools are generally very wide and very shallow. They should be as deep as necessary to contain the desired runoff, but should be as wide as possible to speed the evaporation process. As with the walls around the range, walls around the pond should be as high as possible to keep lead in the pond area.

## 2 Operation

The TC2 itself is a passive device so it does not require any power to operate. However, if a conveyor option or the dust collection unit is used, they must be turned on prior to use of the system. Please refer to the DCU manual for specific operational details.

## 3 Maintenance

The TC2 requires regular maintenance. The most important procedure is the regular removal of lead from the collection cannisters or other accumulation area. Since there are a variety of possible configuration, see the subsection which best matches your installation.

When accessing the trap area, do not kneel or otherwise contact the ground with areas other than the bottom of your shoes. After handling portions of the trap, accessing the trap area, or performing maintenance and cleaning procedures, always wash hands and face with soap and water or shower if possible. Launder clothing at the soonest opportunity.

### 3.1 Damage

If the trap is struck by a round of higher power than it can withstand or which impacts at an improper angle, some damage may occur. This may be a crater or a complete hole through a plate or joint.

Such damage creates a further safety hazard by providing a source of increased bullet splatter. If any component of the trap is damaged in this way, repair or replace the part before using the trap further. All components and replacement parts are available from Action Target.

### 3.2 Cannister Inspection

Make a weekly inspection of the bullet trap. Inspect the top of each collection cannister to see that it is firmly seated against the gasket and will not leak out lead dust. If necessary, tighten the clamping nuts on the appropriate side of the cannister (there are 4 clamping nuts) to pull the cannister up firmly, but not too tight, against the gasket.

Make a note of the level of lead in the cannisters. Compare this level with the previous week's level. If there is little or no lead accumulating in the cannisters, you may have a clogged chamber. This condition must be checked immediately before it becomes a larger problem!

To inspect the chamber, first remove the cannisters along the bottom and look up into the chamber with a flashlight. You should be able to see if there is a lead clog at the base of the chamber.

If this method is not satisfactory, remove the access cover on the front of the chamber (where the air is drawn out for the DCU). Examine the inside of the chamber to determine if lead is accumulating inside. If any large chunks of lead are present which will not fit through the normal outlet, remove them through the access hole.

To clean a clogged chamber, reach through the front access port with a HEPA vacuum hose and draw out all the lead material into the vacuum.

If you have a clogged chamber, it is important to determine why. The chamber outlet is designed to pass any object larger than about 1 1/4" diameter. If you shoot a large volume of shotgun rounds at the trap, it is possible for the plastic wads to aggravate a clogging problem. But generally, even shotgun wads should pass through the chamber without much problem. If you have a persistent clogging problem, please contact Action Target for further assistance.

### 3.3 Cleanup

A Dust Collection Unit will greatly reduce lead emissions at and around the bullet trap. However, it will not eliminate the need for periodic lead cleanup procedures around the trap. Therefore two types of cleaning are discussed:

- normal lead removal from the container or collection area
- lead cleanup in the surrounding area

If you need help obtaining equipment such as a HEPA vacuum cleaner contact Action Target for assistance.

Remember that there will generally be some airborne lead in the area surrounding the bullet trap. So before entering the trap area, you should wait for 15 minutes after shooting is concluded and collection or ventilation systems have been turned off. This will allow lead dust to settle on the ground where it is more easily dealt with.

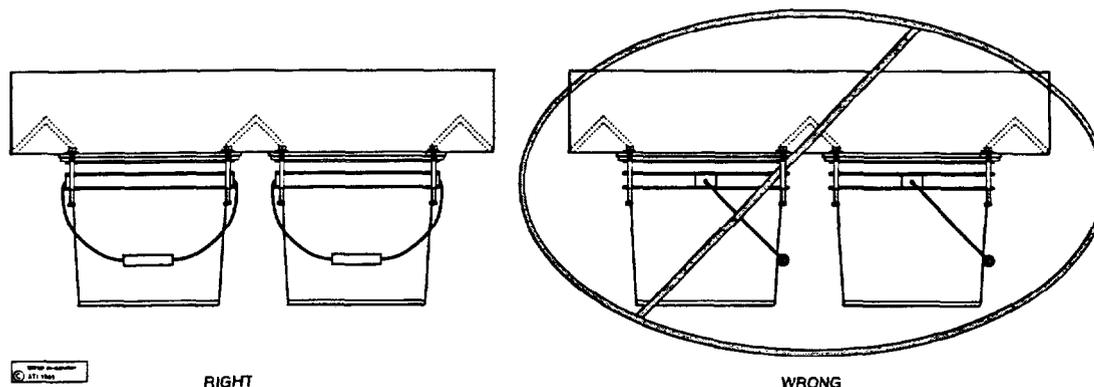


Figure 5: Cannister Attachment

### 3.3.1 Lead Removal Using Containment Cannisters

If your trap is equipped with containment cannisters, you can monitor the accumulation of lead in each cannister very easily. Since the cannisters are somewhat translucent, the accumulation level can be viewed from the outside.

The user can wait until some cannisters are nearly full and then change out the entire system. Or, each cannister can be changed individually as it becomes full. The latter method distributes the work load over time, making the process easier for a single maintenance person to accomplish. For example, if one or two cannisters are changed each day, the process is much less difficult than if the entire process is attempted at one time.

Each cannister is designed to be small enough that it can be lifted even when completely full of lead. However, even with the relatively small cannister size, it can be quite heavy. It is recommended that the operator use a lifting belt, a hand truck or other lifting apparatus where possible.

When it is time to change a cannister, slide a board or some other support underneath the cannister which is tall enough to leave just a slight gap (1/4" or so) between the support and the bottom of the cannister. Loosen the two nuts on the cannister clamps which are visible from the access area. (Do not loosen the nuts on the opposite (front) side of the chamber.)

As you loosen the nuts, the cannister will drop down away from the gasket. Slide the cannister out away from the trap and immediately install a lid by pounding it into place with a hammer until sealed tight. Do not attempt to carry or transport the cannister without the lid in place.

Replace the cannister with an empty one. Reinstall the clamps, making sure that the clamps lock in under the portion of the rim of the cannister where they are reinforced (where the handle ring attaches). See figure 5 for an example of this. Tighten the clamps to pull the new cannister tightly up against the flange. If the clamps are not tight, the seal will not be maintained as the cannister becomes heavy under the weight of the lead.

### 3.3.2 Lead Removal With no Containers

For this type of installation lead removal is, in essence, the same as lead cleanup since all captured lead is simply dropped onto the ground under the trap. Refer to the applicable cleanup section below.

### 3.3.3 Dry Lead Cleanup Procedure

If there is a significant accumulation of lead dust in the trap area, it should be visible as a fine, black dust on the ground. Begin vacuuming as you enter the area. If you enter through a door, vacuum the door off first. Vacuum the floor and any flat areas where dust may accumulate. Do not proceed past a point which you have not yet cleaned.

Never use a broom, a shovel, compressed air or any other means to move dry lead dust as this will lift the dust into the air where it can become a health hazard. Do not use a vacuum cleaner with a beater brush. The vacuum should rely solely on suction to pull in the dust.

If your system has no container system, you may be able to vacuum all lead fragments right up off the floor. However, if the volume of lead is greater than the capacity of your HEPA vacuum, you should consider the containment cannister option or a bigger HEPA vacuum.

### 3.3.4 Wet Lead Cleanup Procedure

Wet cleanup should only be used on ranges which have a secondary containment trough or some other mechanism to prevent contaminated wash-down water from entering the surrounding environment prior to being purified. See section 1.5 above for more information on this.

Unlike the dry cleanup procedure, this procedure may more easily be used for lead removal from a trap with no lead container system. Or it can simply be used to clean up the area surrounding the bullet trap of any smaller amounts of lead which might have escaped other collection means.

Again, begin by allowing a settling time to pass so all airborne particulates have settled down to the ground. Use a hose with a nozzle capable of spraying a fine mist or a concentrated stream. Start by setting the nozzle to a fine mist. Spray down the surrounding areas with the mist so that all lead particulates become completely wet, but be careful not to disturb the dust and make it airborne.

If the primary collection area is on the floor, there will be large piles of lead directly under the containment chambers. When these piles are completely saturated with water, turn off the hose and use a flat bottom shovel to pick up the lead and deposit it in a collection bucket. As you scoop up the lead, allow excess water to drain back off to the floor. Again, if you see any dry lead, stop immediately and wet it down with a fine spray before continuing. When the major portion of lead has been collected in this way, proceed to use the water stream to direct the remaining small portion into the collection trough.

If the trap is equipped with cannisters or a conveyor, the bulk of the lead will already have been collected. In either case, the only thing left now on the floor should be a very small amount of fine particulates. With all surrounding areas sufficiently wet, turn the nozzle to a concentrated stream and use this stream to direct the dirt and particulates into the secondary containment trough. You must be careful that you not use so much water as to overflow the trough. So do your work quickly, using only the water necessary to do the job.

Eventually the collection trough will become full of dirt and lead particulates. At any time when this matter is completely saturated with water, it can simply be shoveled out into a container. It is generally not necessary to remove every last bit of lead. Rather, just remove enough so that you can continue to use the trough for catching cleanup water. If you ever do need to completely clean out the trough, shovel out all the lead that you effectively can, allow the remaining water to completely evaporate, and then vacuum out the remaining lead particulates with a HEPA vacuum.

## 3.4 Painting

All outside surfaces of the trap should be kept painted to prevent rusting. The TC2 comes with base coat of rust inhibiting primer. In time this finish may degrade, particularly in those areas of most intense impact from bullets. The shock of the impacts on the plates may cause the paint finish to gradually flake off (on both sides), exposing the underlying steel.

The hardened armor plate is somewhat resistant to rusting. However, in most cases, the joint components are not. On the side where the bullets strike, the lead coating left on the plate tends to help reduce problems from rust. But as flaking occurs on the opposite side of the plate, these areas should be spot painted to ensure a long useful life of all components.

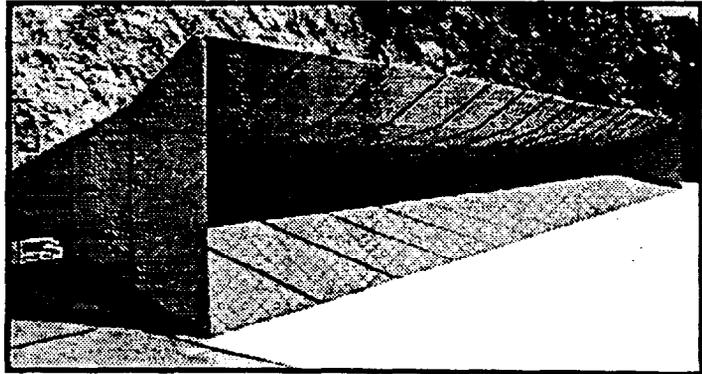
In areas where corrosion is an increased problem, an epoxy paint offers increased life. However, epoxy paint is no more resistant to flaking than less expensive alternatives. So a moderately priced, zinc based industrial coating may be the overall best alternative.

Unlike some other bullet trap designs, the steel plates do not need to be oiled. While application of oil is an acceptable method for preventing corrosion on the steel plates, the introduction of oil into recovered lead may complicate the recycling process, rendering the lead less valuable than it might otherwise be. Furthermore, if oil is introduced into the dust collection unit, the filters may be damaged or destroyed.

# TOTAL CONTAINMENT TRAP™

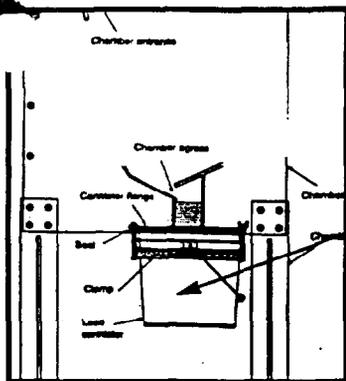
**U.S. Patents 5400692, 5535662**

The TCT is simply the best overall solution for ranges where safety, reliability, low maintenance and ease of use are top priorities. Action Target's TCT has overcome the problems of other inferior designs which do not provide for close-distance shooting or for shooting with high power rounds. The advanced design of the TCT uses a gracefully sloping funnel to safely direct rounds into a large chamber where they can be stopped with complete safety. The TCT can be safely used for handgun, shotgun and most high power rounds, and is ideal on both indoor and outdoor ranges.



The TCT is an independent, free standing structure, so it can be installed with minimal preparation on nearly any range site.

The Total Containment Trap is now available with a powerful vacuum system that literally sucks lead dust and other fine particles right out of the air before they have a chance to settle on the trap or the rest of your range.



**Bullets and other large fragments are safely captured and conveniently deposited in sealable canisters for easy removal and storage.**

## TECHNICAL INFORMATION

**Size:** 8' high x 16' deep

**Length:** Varies by range

**Weight:** X pounds/foot

**Power:** Based on range dimensions

**Class:** Bullet Trap

**Main Use:** Safety

**Function Code:** n/a

**Video:** Bullet Trap Technologies

## Options Available From Action Target:

- Action Target's "Dust Collection Unit"
- Steel roof

## What comes with the TCT:

Free-standing steel funnel plates and trap structure, Collection chambers, Sealable lead fragment storage canisters,

## What else you need:

Concrete pad that extends 2 feet (without the DCU) on both ends of the trap and is suitable to your location based on equipment and snow load if applicable, and power for the DCU based on range requirements.

**ACTION TARGET**  
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