

**Electric - Final (1353)
First Time Quality**

Project: Majnoon Contractors Camp	Floor/Unit: CamCo S-62	P.O.#: 	Vendor ID#: 2023 Name: Electric Subcontractor	Crew ID# or name: Arkel Basra								
Checkpoints <input type="checkbox"/> Outlet & Switch Covers Plumb & Level <input type="checkbox"/> Light Fixtures Installed Flush to Ceilings <input type="checkbox"/> Check All G.F.I.'s are Operating Properly <input type="checkbox"/> Check All Exhaust Fans are Operating Properly <input type="checkbox"/> GFCI outlets installed per plan/code <input type="checkbox"/> Pipes are sealed <input type="checkbox"/> All penetrations sealed with fire rated caulk <input type="checkbox"/> Final Underwriters Inspection <input type="checkbox"/> No outlets removed for tile without notification <input type="checkbox"/> Add spark rings as needed <input type="checkbox"/> Exterior light fixtures installed plumb, level and operational and sealed <input type="checkbox"/> Weatherproof outlet covers installed in good condition and sealed? <input type="checkbox"/> Exterior lights working <input type="checkbox"/> All switch and receptacles plates are free of cracks or defects <input type="checkbox"/> Switches and outlets are in perfect condition <input type="checkbox"/> All light fixtures are installed per plan <input type="checkbox"/> No exposed wires												
			<div>Number of extra return trips due to job-readiness : 0</div> <div>Subcontractor Supervisor (4041) <i>Feedback to crew</i> Score: 5 4 3 2 1 Inspected with builder <input type="checkbox"/>Yes <input type="checkbox"/>No Name: _____ Date: _____</div>									
			<div>Builder Superintendent (5051) <i>Feedback to trade/vendor</i> Quality Score: 5 4 3 2 1 0 Number of extra return trips to make corrections: _____ On-Time Score: 5 4 3 2 1 Name: _____ Date: _____</div>									
Hotspots <table style="width:100%;"><tr><td><input type="checkbox"/> Electric fixtures per latest revision on customer selection sheet</td><td><input type="checkbox"/> Building is hot checked</td></tr><tr><td><input type="checkbox"/> Check All Light Fixtures are Operating Properly</td><td></td></tr><tr><td><input type="checkbox"/> Test All Smoke Detectors</td><td><input type="checkbox"/> Remove Trash Daily</td></tr><tr><td><input type="checkbox"/> A/C condensing unit set to wire - Disposal installed to wire</td><td></td></tr></table>					<input type="checkbox"/> Electric fixtures per latest revision on customer selection sheet	<input type="checkbox"/> Building is hot checked	<input type="checkbox"/> Check All Light Fixtures are Operating Properly		<input type="checkbox"/> Test All Smoke Detectors	<input type="checkbox"/> Remove Trash Daily	<input type="checkbox"/> A/C condensing unit set to wire - Disposal installed to wire	
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<div><div>Quality Score On-Time Score</div><div>5 = Perfect, 100% 5 = Early by 1+ days</div><div>4 = 1-2 minor problems 4 = On Time</div><div>3 = 3-5 minor problems 3 = Late by 1 day</div><div>2 = Hotspot, 6+ or major problems 2 = Late by 2 days</div><div>1 = Excessive problems 1 = Late more than 2 days</div><div align="right">Copyright Ver 2/6/09</div></div>												