# ACT Government Infrastructure Finance, and Capital Works (IFCW) QUALITY CHECKLIST CIVIL PROJECTS MONTHLY REVIEW

**For use by IFCW Project officers and Design Agents and Superintendent.**

**MONTHLY REVIEW**

# IFCW Officer to Complete

|  |  |
| --- | --- |
| Project: |  |
| Date of Check: | Click here to enter a date |
| Project Officer: |  |
| Design Agent /  Superintendent: |  |

# Monthly Project Review

| **ITEM:** | **DESCRIPTION:** | **YES** | **NO** | **COMMENTS** |
| --- | --- | --- | --- | --- |
| **1.** | Have adequate A3 copies of all drawing amendments been issued under the cover of a ‘Document  Transmittal’? |  |  |  |
| **2.** | Have A1 copies been provided as appropriate and amendments been issued under the cover of a‘  Document Transmittal’ |  |  |  |
| **3.** | Is the Project drawing register up to  date? |  |  |  |
| **4.** | Have all changes to the works as  detailed in site instructions, E-mails, changes to electronic set-out information or directions given in site meetings being transferred to the amended drawings duly issued  as above? |  |  |  |
| **5.** | Is all E-data up-to-date in accordance with above changes to  drawings? |  |  |  |
| **6.** | Review of the current list of notified variations whether approved or  otherwise |  |  |  |
| **7.** | Review of the list of claims for extension of time made by the  contractor |  |  |  |
| **8.** | Has the Superintendent processed the Contractors monthly progress claim on time? |  |  |  |
| **9.** | Review project risks |  |  |  |
| **10.** | Has the Contractor submitted claims in accordance with the Contract with sufficient detail and  substantiation |  |  |  |
| **11.** | Has the Head Contractor signed up Back to Back Contracts with its  Subcontractors |  |  |  |
| **12.** | Has the Contractor provided a  Statutory Declaration advising that its Subcontractors have been duly paid |  |  |  |
| **13.** | Contractor complying with OH&S  and Environmental Plans |  |  |  |
| **14.** | Contractor performance report  (AUSTROADS) complete as per scheduled requirement |  |  |  |
| **15.** | Has the Contractor undertaken  Monthly OH&S Audits and has a Monthly Report been provided to the Superintendent |  |  |  |
| **16.** | Has the Contractor undertake “tool box” meetings in accordance with  the OHS regulations |  |  |  |
| **17.** | Has the Contractor undertaken a “Risk Assessment” of the required  works |  |  |  |
| **18.** | Has the contractor undertaken  relevant QA audits on the project |  |  |  |
| **19.** | Has the Contractor complied with the testing frequency required under the Contract (Contractor to submit Test Register |  |  |  |
| **20.** | Has the Contractor undertake “WAE” survey of the works progressively |  |  |  |
| **21.** | Does the Monthly Report adequately cover Budget |  |  |  |
| **22.** | Does the Monthly Report adequately cover Program |  |  |  |
| **23.** | Does the Monthly Report adequately cover Variations |  |  |  |
| **24.** | Does the Monthly Report adequately cover Extensions of time |  |  |  |
| **25.** | Does the Monthly Report adequately cover Risks |  |  |  |
| **26.** | Does the Monthly Report adequately cover Others |  |  |  |

# Infrastructure Finance and Capital Works Officer (IFCW) to Complete

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Completed  Yes  No  N/A | | | | |
| Prepared by: Print Name | Insert your full name. | Title/Position: | Insert you position or title. |
| Date: | Click here to enter a date. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Checked by: Print Name | Insert your full name. | Title/Position: | Insert you position or title. |
| Date: | Click here to enter a date. | | |

Infrastructure Finance and Capital Works via IFCW Officer via email: **Level 2, 153 Nature Conservation House cnr Emu Bank &, Benjamin Way, Belconnen ACT 2617| PO Box 158 Canberra City ACT 2601**