# ACT Government Infrastructure Finance, and Capital Works (IFCW)QUALITY CHECKLIST CIVIL PROJECTSMONTHLY 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 ‘DocumentTransmittal’? | [ ]  | [ ]  |  |
| **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 todate? | [ ]  | [ ]  |  |
| **4.** | Have all changes to the works asdetailed in site instructions, E-mails, changes to electronic set-out information or directions given in site meetings being transferred to the amended drawings duly issuedas above? | [ ]  | [ ]  |  |
| **5.** | Is all E-data up-to-date in accordance with above changes todrawings? | [ ]  | [ ]  |  |
| **6.** | Review of the current list of notified variations whether approved orotherwise | [ ]  | [ ]  |  |
| **7.** | Review of the list of claims for extension of time made by thecontractor | [ ]  | [ ]  |  |
| **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 andsubstantiation | [ ]  | [ ]  |  |
| **11.** | Has the Head Contractor signed up Back to Back Contracts with itsSubcontractors | [ ]  | [ ]  |  |
| **12.** | Has the Contractor provided aStatutory Declaration advising that its Subcontractors have been duly paid | [ ]  | [ ]  |  |
| **13.** | Contractor complying with OH&Sand Environmental Plans | [ ]  | [ ]  |  |
| **14.** | Contractor performance report(AUSTROADS) complete as per scheduled requirement | [ ]  | [ ]  |  |
| **15.** | Has the Contractor undertakenMonthly OH&S Audits and has a Monthly Report been provided to the Superintendent | [ ]  | [ ]  |  |
| **16.** | Has the Contractor undertake “tool box” meetings in accordance withthe OHS regulations | **[ ]**  | **[ ]**  |  |
| **17.** | Has the Contractor undertaken a “Risk Assessment” of the requiredworks | [ ]  | [ ]  |  |
| **18.** | Has the contractor undertakenrelevant 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. |

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| --- | --- | --- | --- |
| 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**