

Technical QC Review Report

A. Project Information

Project Name		Project Number	
Originator Name/ and Role			

B. Project Request

Work Product & Phase	
Product Type for review	<input type="checkbox"/> Calculation <input type="checkbox"/> Plans <input type="checkbox"/> Estimate <input type="checkbox"/> Report <input type="checkbox"/> Others _____
Purpose/Scope	<input type="checkbox"/> Accuracy <input type="checkbox"/> Compliance with City Standards <input type="checkbox"/> Readability <input type="checkbox"/> Constructability <input type="checkbox"/> Other _____
Due Date	

C. Review Information

Reviewer Name/Signature	
Review Comments	<input type="checkbox"/> No comments <input type="checkbox"/> Comments marked directly on work product <input type="checkbox"/> Comments provided in excel sheet <input type="checkbox"/> Comments attached <input type="checkbox"/> Other: _____
Completion Date	
Review Resolution	<input type="checkbox"/> Reviewer verified all comments and significant issues are resolved <input type="checkbox"/> Other _____
Resolution Date	