

Contractor Logo	PROJECT NAME	Page 1 of 2 Date:
	Contractor Name	
	QA/QC MONTHLY REPORT	

Section I **STATUS OF PROCEDURES**

Type	No. to be Issued	No. Issued	No. Approved
PQP			
PP - QMP			
ITP's			
QCP's			
MS			
WPS			
PQR			

NOTE: A table can be attached in addition to the above information

Section II **NON CONFORMANCES**

No. Issued _____

 No. Closed _____

Comments: _____

Section III **AUDITS**

Please attach copy of audit reports carried out during this month.

Section IV **MANAGEMENT REVIEW MEETINGS**

Please describe in brief the major areas of concern.

Section V **PURCHASER COMPLAINTS/ AREAS OF CONCERN**

Comments: _____