

QUALITY CONTROL PLAN FOR WATER PROJECT

| ISSUE | DATE | Developed by: | Position | DESCRIPTION |
|--------------|---------|---------------|----------|-------------------------------|
| | | | | |
| | | | | |
| LOCATION: | | Response: | | Grant Applicable : ALL Grants |
| Borno State, | Nigeria | | | |
| UNIT: | | | | |
| PROJECT NO |): | | | |



1.0 Introduction

To ensure quality, MERCY CORPS has developed these guidelines for the construction of Boreholes and Water supply infrastructure in the Northeast Region. These guidelines are designed as generic templates that must be modified in line with the design, BOQ and specifications of each particular water Project bearing in mind the overall objectives of MERCY CORPS. The contractor must be made aware of this plan during the Kick-off meeting.

1.1 Purpose and Scope

This inspection Plan is developed to ensure that this project is carried out with best quality practices. The Plan also specifies the quality system requirements applicable to all personnel who manage, perform and verify work affecting quality for the construction of the boreholes, Plumbing/pump installation, Stanchion/storage units, Pipe network, solarization/mechanization and water points in various locations in Borno State - whether they are employed directly or indirectly. It is applicable throughout the entire Project and to all parties participating in the Project Execution.

1.2 Terms, Definitions and Abbreviations

COMPANY The owner of the CONTRACT and in this instance;

MERCY CORPS

CONTRACTOR The Company to whom the CONTRACT WORK has been Awarded and in this

instance (.....)



PROJECT Boreholes Refers to all works and activities pertaining to the construction of Water Projects under OFDA.

- **Accept:** approved: Acknowledge, by signature, initial or stamp and date, that a document or activity has been evaluated and confirmed to meet stated requirement.
- **Document**: Any written or pictorial information, describing Specifying, reporting or certifying activities, requirements, Procedures or results.
- ITP: a document which sets out the specific operational techniques and activities with the relevant acceptance criteria aimed at monitoring a process and at eliminating causes of unsatisfactory performance at relevant stages of the work and/or services. All the ITP forms required for different activities are itemized in the Inspection and Test Plan Chart. This chart must be signed off by the Contractor and the WASH team at the Kick-off meeting.
- **Hold point = H:** This is mandatory notification to MERCY CORPS. All activities at this level must not proceed without the approval and presence of MERCY CORPS inspection/technical team/Staff.
- **Review = R:** Notification Evaluation is not required. Inspection of documents and procedures for the execution of works with the materials and activities involved for the purpose of acceptance or rejection documented by signature, initial or stamp and date.
- **Witness point = W:** A prior notification to MERCY CORPS is mandatory. All activities at this level may proceed by the contractor if MERCY CORPS is not present at the stipulated time provided there is no rescheduling or cancellation from MERCY CORPS.
- **RANDOM INSPECTION**: Notification is not required. Sufficient representative materials and components are selected and examined to satisfy that these activity or materials conform to required specifications and are free from defects.
- Contractor Engineer: A qualified personnel of the contractor (preferable a Geologist) with proven/certified

Knowledge on the Project. It is compulsory that the personnel is present and manages the project through the lifespan of the

project. All technical communications would be done between MERCY CORPS Engineer and the Contractor Engineer.

1.3 NOTIFICATIONS

MERCY CORPS shall be given advance notice (at least a day before) prior to all activities during official workdays (Monday to Friday). 48hours advance notice for weekends and public holiday works via e-mail or Phone call. All inspection, test and construction activities identified as Hold point's activities cannot be carried out during the weekend without prior notification and approval via email or phone call by MERCY CORPS's Supervising Engineer. It is the responsibility of the contractor to ensure the MERCY CORPS Engineer is pre-informed before a Hold Point activity is carried out.

1.4 SIGN-OFF/APPROVAL

Witness points shall be signed off by the Contractor and MERCY CORPS. However, if MERCY CORPS is absent, they would be required to sign afterwards where applicable.

Hold Points shall be signed-off by the contractor and MERCY CORPS on site after the activity has been completed or before the activity starts. As applicable, before proceeding with any further works.

All relevant tests/inspections forms must be made available by Contractor or MERCY CORPS Engineer and signed-off on the spot immediately after tests/inspections or activity has been carried out by the contractor and MERCY CORPS.

1.5 NON-CONFORMANCE REPORT (NCR):

A non-conformance report documents the details of a non-conformance (default in specification) identified in a quality audit or other process/activity review. The objective of the report is to make a clear, identifiable and concise definition of the problem so that corrective action can and will be initiated by the contractor mostly before any other activity is continued. This document is used to officially inform the contractor & Supply chain on a breach in the implementation of the project as to required contractual specifications. A contractor must avoid NCR's as 3 NCR's in one project means the contractor can be blacklisted after investigations. After MERCY CORPS engineer spots a probable case of Non-conformance,



| | of ITP CHART: Borehole Construction | on | _ | PE(ART | | T and SUPERVISON I | PLAN |
|------|------------------------------------------------|-------------------|--------------------|------------|-------------------|----------------------------------------------------------------|---------------------|
| Loca | ation where ITP is Applicable: | | | | Date: | Contractor Name | |
| N/S | escription of QA Activity | | Inspe n Leve | | Responsible MERCY | QC Form to be used to Verify Compliance | Comments/Remark |
| | | | Cont | | PS Staff | | S |
| 1 | Mobilization Checklist | | Н | H | WaSH Officer | Borehole Mobilization Plan | |
| 2 | Inspection of All materials to be Ins | stalled | Н | F | WaSH Officer | Material Inspection Report | |
| 3 | Drilling Activity | | Н | F | WaSH Officer | Borehole Construction Report | Before installation |
| 4 | 4 During Concreting (Foundation/Slabs Etc) | | Н | H | WaSH Officer | Concrete inspection Form | |
| 5 | Blocks work for Water Fetching Posoak Pit | pint and | Н | V | WaSH Officer | Blockwork Inspection Checklist | |
| 6 | 6 Steel Fabrication Works(Tank Stand) | | W | V | WaSH Officer | Stanchion (Iron Works) Checklist | |
| 7 | Excavation of Soak Pit/Tank Stand Foundation. | | W | V | WaSH Officer | Excavation Checklist | |
| 8 | | | Н | V | WaSH Officer | Plumbing Works Inspection Form Storage Tank Installation | |
| 9 | Solar Submersible Pump Installation | on | Н | H | WaSH Officer | Pump Installation Form | |
| 10 | Solar PV system and Electrical Poinstallation. | wer | Н | F | WaSH Officer | Solar panel's & Generator Installation Form | |
| Key | for Inspection | (Name) Contrac | tor: | • | Sign: | Date: | |



| I = Random Inspection | | | | |
|---------------------------------------------|-----------------------------|-----------------|------------------------|--------|
| R = Review Records | | | | |
| W = Witness (mandatory notification) | Approved: (Name) | Sign: | Date | |
| H = Mandatory Hold Point | MERCY CORPS | Olgii. | Bate | |
| W.T.O – WASH Technical Officer. | III ZIKOT GOIKI G | | | |
| NB: All Quality forms would be produced as | nd Filled by Contractor bef | ore MERCY CORPS | Checks and Signs off o | n Site |



| | | BOREHOLE MOBILIZATIONCHEO | KLIST |
|------|--------------------------------------|----------------------------------------------------------------|---------|
| Proj | ect Name/Contract N | | Date: |
| S/N | Activity | Checklist | Comment |
| 1 | Contract | Contract signed | |
| 2 | Drilling plan | Drilling work plan submitted and approved | |
| 3 | | Explain details of drilling process. | |
| | | Community member roles, contributions and responsibilities | |
| | Community | Exchange details of main contact persons | |
| | Liaison | or community/Camps representatives. | |
| | | Driller's representative introduced to the | |
| | | Community | |
| | Equipment is | Check the Suitability of Drilling rods | |
| 4 | appropriate and in working condition | Check if Hammers and bits are of the right diameter (measure). | |
| | | Temporary casing diameter is correct. | |
| | | Sample box | |
| 5 | Samples of materials meet | Casing and screen (measure length and diameter) | |
| | with technical specifications | Filter pack and gravel materials | |
| | 3pecifications | Screen | |
| 6 | Data collection | Form of data entry forms agreed | |
| | forms | (Refer to Annex E of Code of Practice for | |
| | | Cost Effective Boreholes, RWSN 2010) | |

| INSTPECTED | MERCY CORPS REPRESENTATIVE | Input Name, Position, Signature and Date |
|------------|-------------------------------|------------------------------------------|
| BY | CONTRACTOR REPRESENTATION | Input Name, Position, Signature and Date |

| 00 | ME | RCY |
|----|----|-----|
| P | CO | RPS |

| • | | BOF | REHOL | E CON | ISTRUC | TION RE | PORT | |
|---------------------|---------------------------------------------|--------------|-------------|-----------------------|---------|---------------------------------------------------------------|-------------------|--------------------|
| Community Name: | | | GPS: | | | | | |
| Contract Number: | | | | BH N | O: | | | |
| Name of Contractor. | | | Date: | 1 | | | | |
| | | | | | | | | |
| 1 | Type of Equipment Used | | | | | | | |
| 2. | Drilling Method Used, | | | | | | | |
| | Is the Borehole Vertically | Aligned? | YES | | | | NO | |
| 3 | Drilling Start Time: D | | | ng Com | pletion | Time. | | |
| 4 | Is Contractor Geologist or | n Site? | YES | | | NO | | |
| 5 | Is Casing Diameter 150mm | YE S | Was | s the Casing Capped | | YES | NO | |
| 6 | Total Depth Drilled | | | Total Depth Cased | | | | |
| 7 | | | Scree | en Diameter/slot size | | | | |
| 8 | Gravel Packing: YES | NO | Grain | n Size Used | | | | |
| 9 | Depth Water was Struck? | | | | | | | |
| 1 | | | YES | NC | 0 | If yes, Wh | at? | |
| 1 | Was Well Logging done at every 3m Interval? | | YES | | NO | Attach Photos of log | ging to this form | |
| 1 2 | • • • • • • • • • • • • • • • • • • • | | Finish Time | | | MERCY CORPS Engineer must be present at the for this activity | | |
| CC | NCLUSION/General Comr | ments on the | overal | ll qualit | y of Wo | rks (<i>to be i</i> | filled by the MEF | RCY CORPS Engineer |

| SUPERVISED BY: NAME (Contractor Geologist) | Signature | Date | | |
|----------------------------------------------|------------|-----------|------|--|
| SUPERVISED BY: NAME (MERCY CORPS Engineer/S | upervisor) | Signature | Date | |

| CORPS | CONCRETE INSPECTION | FORM | | | |
|------------------------|----------------------------------------------------------|----------|--------------------------|--------------------------|--------------------------|
| Borehole NO: | DATE OF F | OUR: | | | |
| CONCRETE GRADE | | | | | |
| | | | | | |
| | | | | | |
| DESCRIPTION | | | CONTRACTOR ACCEPTANCE | MERCYCORPS ACCEPTANCE | REMARKS |
| 1.0 FORMWORK | | | | | |
| Is braising adequate? | | | | | |
| Is Formwork Aligned | ? | | | | |
| Is there Adequate Ad | cess | | | | |
| Check Dimensions as | <u> </u> | | | | |
| 2.0 REINFORCEME | NT | | | | |
| Are the Re-bars free | from excessive Rust | | | | |
| Is the Spacing Correct | | | | | |
| | er as Per Specification | | | | |
| | ace and correctly Tied? | | | | |
| | pars in the reinforcement | | | | |
| Spec)(Column-20mm &rat | nt bars of the correct size (accord to the correct size) | rding to | | | |
| 3.0 GENERAL | | | | | |
| | and free from all Debris | | | | |
| Compaction? | ory Pokers or materials for | | | | |
| Confirm Mix Ratio(1:2 | 2:4-Cement:River Sand: Grave | l) | | | |
| | | | | | |
| CONCRETE REPAIR | P POST BOLLD | | | | |
| DESCRIPTION OF D | | | | | |
| | MANDATORY HOLD POINT | CONTRAC | TOR ACCEPTANCE | | MERCYCORPS ACCEPTANCE |
| CONCRETE DEFEC | T INSPECTION | | | | 1002 |
| | ATION INSPECTION | | | | |

MATERIALS EQUIPMENT AND TESTING

POST REPAIR INSPECTION

| SIGNEDIERCY Contractor cont. S | Name | Date |
|-----------------------------------|------|------|
| SIGNED: Witness (MERCY CORPS) | Name | Date |



| BLOCK WORK INSPECTION |
|-------------------------------------|
| CHECKLIST FOR WATER FETCHING |
| POINT & Soak Pit |

| FORM NO: CONTRACT NO: BOREHOLE |
|--------------------------------|
| NUMBER |

| | CHECK | | | ECK |
|--------------------------------------------------------------------|-------|---|------------|-------------|
| ITEMS TO BE CHECKED BEFORE APPROVAL IS GIVEN | | N | Contractor | MERCY CORPS |
| Materials Item | | | | |
| Is the mortar mix to specification (1:6) One Cement bag to 12 head | | | | |
| pans | | | | |
| of sand? | | | | |
| Confirm Quality of Water used is suitable for drinking | | | | |
| Is the Quality of Block Used satisfactory? | | | | |
| Is thickness of mortar Satisfactory? | | | | |
| Were Blocks wetted before Use | | | | |
| Is Finished level as per design? | | | | |
| Are all blocks laid in full horizontal mortar bed? | | | | |
| Were at least 3 course of Blocks Turned to allow for Percolation? | | | | |
| Dimensions and alignment of blockwork? | | | | |
| Was Mortar Mixed used within 30mins after minxing? | | | | |
| | | | | |
| | | | | |
| | | | | |

| • YES • NO | ALITY OF WORKS TABLE ITEMS AND EXPLAIN) | | |
|------------|------------------------------------------|------|-------------|
| SIGN: | NAME: | DATE | CONTRACTOR |
| SIGN: | NAME: | DATE | MERCY CORPS |



TANK STAND (IRON WORKS) CHECKLIST

| FORM NO: CONTRACT NO: | |
|-----------------------|--|
| ATRINE NO. | |

Concrete foundation should be cured to specified number of days before Loading or commencement of any steel works.

| ITEMO TO DE OUTOVED DEFODE ADDROVAL IO OLVENI | CHEC | CK/Accept |
|----------------------------------------------------------------------------------|------------|-------------|
| ITEMS TO BE CHECKED BEFORE APPROVAL IS GIVEN | CONTRACTOR | MERCY CORPS |
| Steel Members | | |
| Check for Dimension of I beam as to Approved Designs | | |
| Dimensions of Each H columns as to Approved Designs and Specs | | |
| Check for Size of Bolts/Guasset plates as to Approved Designs and specifications | | |
| Check for Size and dimensions of Diagonal Brazing's | | |
| Dimensions of Members | | |
| Check For Dimensions and quantity of all Iron Members as to Design | | |
| Check For Dimension of Iron Braising | | |
| Check for Alignment of Vertical and Horizontal Members | | |
| General | | |
| Confirm Each Tank is to required Capacity/Volume (5m3) | | |
| Confirm the Dimensions of Gird Rails is adequate and according to Specification | | |
| Confirm Quality of Aluminum Painting. | | |
| Confirm the Quality of the overall Workmanship | | |
| Confirm MERCY CORPS Visibility is clearly Printed as Specified on Scope of works | | |

| REMARK: ACCEPTABLE QUALITY O YES RPS NO (LIST UNACCEPTABLE ITEI | | | |
|------------------------------------------------------------------|-------|------|---------------|
| SIGN: | NAME: | DATE | _ CONTRACTOR |
| SIGN: | NAME: | DATE | _ MERCY CORPS |



| EXCAVATION CHECKLIST | | | | | |
|-------------------------------------------------------------------------|------|------------|-------------|--|--|
| DATE OF EXCAVATION: | | | | | |
| PIT GPS LOCATION: | | | | | |
| | | | | | |
| ITEMS TO BE CHECKED BEFORE APPROVAL IS GIVEN | | | RE & DATE | | |
| TIEWS TO BE CHECKED BEFORE AFFROVAL IS GIVEN | | CONTRACTOR | MERCY CORPS | | |
| CONFIRMATION OF THE PERIPHERY OF THE PIT | | | | | |
| CONFIRMATION OF DEPTH OF EXCAVATED PIT | | | | | |
| CLEAN-UP | | | | | |
| TYPE OF EXCAVATED SOIL OK | | | | | |
| PRESENCE OF UNDERGROUND FACILITY | | | | | |
| | | | | | |
| REMARKS: | | | | | |
| ACCEPTANCE OF EXCAVATION YES NO (LIST UNACCEPTABLE ITEM(S) AND EXPLAIN: | | | | | |
| | | | | | |
| SIGNED: | | | | | |
| CONTRACTOR(Name) | Sign | Date | | | |
| | | | | | |
| SIGNED: | | | | | |
| MERCY CORPS | Si | gn | Date | | |
| | | | | | |



PLUMBING WORKS INSPECTION FORM –

| FORM NO: | CONTRA | CT NO: | LATRINE NO. |
|--------------|--------|-----------|-------------|
| I CINIVI NO. | | 10 I IIO. | |

Concrete foundation should be cured to specified number of days before Loading or commencement of any steel works. CHECK/Accept ITEMS TO BE CHECKED BEFORE APPROVAL IS GIVEN CONTRACTOR MERCY CORPS Plumbing/Piping Confirm Pipe Quality/type to Specification (at least 10Bar) Confirm Pipe Diameter as to Specifications Confirm pipe Cleanout **Pipe Connection Method** Confirm Pipe connection Method (threaded-GI or Solvent wield-PVC Gum) Confirm All pipe joint are free from leakages During operation Ensure Pipe cutting method does not compromise quality **General /Vales and Fittings** Check overall Pipe length for leakages Ensure quality of gate valves and non-return valves are of required quality/Spec Confirm Alignment of outlet and inlet Pipes to H Steel Columns Ensure Pipes is embedded in Clean Soil and at least 60cm below ground level Check Installation of Water Flow Meters.

| REMARK/General Comments if Needed. WORKS/ERCY CORPS | eeded. ACCEPTABLE QUALITY OF YES NO (LIST UNACCEPTABLE ITEMS AND EXPLAIN) | | | | |
|-----------------------------------------------------|---------------------------------------------------------------------------|--|--|--|--|
| SIGN: | CONTRACTOR | | | | |
| SIGN:NAME: | DATE MERCY CORPS DATE | | | | |



| | PL | IMP INST | ALLATION FORM | |
|----|---------------------------------------------|------------|-------------------------------|--------------------|
| Со | mmunity Name: | GPS: | | |
| Со | ntract Number: | BH NO: | | |
| Na | me of Contractor. | Date: | | |
| | | | | |
| | | | | |
| | PUMP Specifications | | Comments | |
| 1 | Type of Pump To be Installed | | | |
| 2 | Pump Capacity/ Specification (HP/KW) | | | |
| 3 | Pump installation Depth | | | |
| 4 | Check that the Pump Head Ratings Matches | the | | |
| | Motor | | | |
| | | | | |
| | Plumbing Installation | | | |
| 4 | Check Pipe Diameter | | | |
| 5 | Check Quality of Riser Pipes | | | |
| 6 | Check for Pump Safety Rope. | | | |
| 7 | Check the Quality and Capacity of the Cable | used | | |
| | | | | |
| CC | NCLUSION/General Comments on the overall | quality of | Works(to be filled by the MER | CY CORPS Engineer) |
| | | ' ' | , | , |
| | | | | |
| | | | | |

| NAME (Contractor Geologist) | Signature | Date |
|------------------------------------------------------|-----------|------|
| SUPERVISED BY:NAME (MERCY CORPS Engineer/Supervisor) | Signature | Date |

| MERCY CORPS SOLAR PANNELS & GENERATOR | INSTALLATION FORM |
|------------------------------------------------------------------------------------|-------------------|
| Community Name: GPS: | |
| Contract Number: BH NO: | |
| Name of Contractor. Date: | |
| | |
| SOLAR PANNELS | Comments |
| 1 Ensure all modules Securely fastened to the Brackets | |
| 2 Visually inspect the array for cracked modules, | |
| damaged junction boxes, and loose wires. | |
| Visually inspect each Module to confirm the Wattage | |
| summing up to the Wattage required to power the pump | |
| 4 Check Tilt Angle | |
| Identify orientation (azimuth) of proposed array location degrees. | |
| | |
| 6 Perform a Shading study to ensure PV systems are free | |
| 1 Trom | |
| from shadows cast by other facilities | |
| shadows cast by other facilities. | |
| shadows cast by other facilities. 7 Check Uniformity of the Panels (Same Wattage) | |
| shadows cast by other facilities. 7 Check Uniformity of the Panels (Same Wattage) | |

CONCLUSION/General Comments on the overall quality of Works (to be filled by the MERCY CORPS Engineer)

| NAME (Contractor Geologist) | Signature | Date | |
|--------------------------------------------|-------------|-----------|------|
| SUPERVISED BY:NAME (MERCY CORPS Engineer/s | Supervisor) | Signature | Date |
| | | | |



| Contractor Non-Conformance Report (NCR) | | | | | |
|-----------------------------------------|-------|--|-----------------------------|-------|--|
| Contractor Name: | | | MERCY CORPS Representative: | | |
| Contract Name: | | | Position: | | |
| Contractor's Representative: | | | Phone No : | | |
| Telephone: | | | Contract Location: | | |
| Signature: | Date: | | Signature: | Date: | |

| Details of Non-Conformance | Action Required | Completion Date | Verification of Completion |
|----------------------------|--------------------|--------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Comments: Contractor is Advised to avoid further Non-conformances in the course of the Project as 2 NCR's in a Project could affect Contractor's appraisal and ability to Secure another project with MERCY CORPS.