

PROJECT SPECIFIC

ALL SECTIONS MUST BE EDITED BY CONSULTANT TO MEET SPECIFIC PROJECT NEEDS.

Date: Click here to select date.

The City of Austin (COA) requires detailed responses on this Quality Control Plan (QCP) for the Consultant’s performance of all work on the following Project:

Project Name: Click to enter response.

Location: Click to enter response.

Solicitation #: Click to enter number (CLMxxxx).

CIP ID #: Click to enter response. Contract #: Click to enter number (MA/CT/DO).

COA PM: Click to enter response. COA Sponsor Dept.: Click to enter response.

The Work consists of: Click to enter response.

Consultant Name: Click to enter response.

Consultant Contact Information: Click to enter name.

Click to enter address line 1.

Click to enter address line 2.

Click to enter phone/email.

Consultant’s TBPE and/or TBAE firm number: Click to enter response.

This QCP document has been reviewed by a Principal of the Consultant Firm and members of the Project Design Team (PDT) and Independent Technical Review Team (ITRT). By signing below, the Consultant is certifying compliance with this QCP.

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Principal Signature PDT Signature ITRT Signature

Click to enter name. Click to enter name. Click to enter name.
Principal Printed Name PDT Printed Name ITRT Printed Name

**1. Management/Organization Structure**

1. An organization chart is attached to this QCP and it demonstrates the independence of the ITRT from the PDT, identifies if the ITRT is internal or external to the design consulting firm, and shows the ITRT reporting to a management level equal to (or higher than) the PDT: [ ]  Yes
2. Resumes for all members of the ITRT are attached to this QCP and establish that ITRT members have proper credentials and QA/QC experience: [ ]  Yes
3. New resumes for ITRT staff member will be provided during the project [ ]  Yes
if the ITRT staff members identified in this QCP change:
4. **Quality Control Procedures and Documentation**
5. Describe the QAQC communication plan below, including how problems will be identified, tracked, followed-up on, and resolved. It includes details of the procedures for QC design checks and reviews, specifically addressing the correct application of methods, validity of data/assumptions, accuracy of calculations, completeness of documentation, and special project components.

Click here to enter response.

1. Describe how the ITRT will confirm that the design documents meet the COA’s needs and result in a project that is biddable, constructible, operable, environmentally sound, and cost effective.

Click here to enter response.

1. COA will be able to track, using QCP records, each executed step of
the QAQC process, and all of the Consultant’s files will be auditable and
available to COA upon request: [ ]  Yes
2. **Schedule**

Provide a design schedule below (or attached) that is realistic, detailed, and reflects an accurate understanding of all work and review elements of this project. Include the following:

* Sequence of tasks to be completed within the time period specified by COA
* Type and frequency of submittals consistent with the Supplemental Agreement
* Design submittal dates to COA and time for revisions to Consultant’s internal QA/QC comments prior to submittals to COA
* Time for all applicable COA reviews (Project Management Division, Quality Management Division, Development Services Department, Sponsor Department, etc.)

Click here to enter response.

**NOTE:** At the completion of the project, a certified statement signed by a Principal of the Consultant Firm, and a member of both the PDT and the ITRT is required to be submitted to COA verifying compliance with this QCP for all phases of the project.

Upon completion of this form, please email the QCP to the **COA Project Manager** assigned to this project and copy the **Quality Management Division** at QMD@austintexas.gov. If you have any questions regarding the QCP form, you may contact the Quality Management Division at QMD@austintexas.gov.