FORM 5B-1
Design Quality Audit Form

Submittal: Final

Discipline: Walls

Segment/ Element: Project-wide

Document Name: XL5467_DE_WD-01 - 09 QC Set - 20211201

Originator: MJF

Company: Wood

Remarks:

QA Completion

- ☑ All comments have been addressed
- ☑ Correct Color Code used
- ☑ Check Print Stamp is complete
- ☑ Documents are updated per comments
- ☑ Check Prints saved to correct folder

I verify that the I-405 QA/QC Procedures have been followed and all necessary QA/QC documentation have been submitted.

Auditor Name: Doug Peters

Company: Wood

Signature:

Date: 2021-12-22