



P.O. BOX 23223 Oakland, CA 94623
 Phone (510) 419-0120 / Fax (510) 839-0666

LETTER OF SUBMITTAL
KFM Skyway Project # 04-012024

Run Date 11-Aug-05
Time 8:50 AM

Dated: 11-Aug-2005

SUBMITTAL No: KFM-SUB-005015

Rev: 00

To: Doug Coe
 Caltrans-Skyway Project
 345 Burma Road
 Oakland CA 94607
 Phone: Fax:

Co/Job # 364-3726
Contract # 04-012024
Sub/Supplier: ESE
Sub/Supplier No:

Subject: ESE - NCR #1

Special Provis. (SP) REF: 10-3.06
Standard Spec. (SS) REF:
RESUBMITTAL/SUPPLEMENTAL REF:

We are sending the following attached items: Attached Via Fax

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Drawing | <input checked="" type="checkbox"/> Plans | <input type="checkbox"/> Prog. Pmt |
| <input type="checkbox"/> Samples | <input type="checkbox"/> Certificates of Compliance | <input type="checkbox"/> Calculations |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Specs | <input type="checkbox"/> Copy of Letter |
| <input type="checkbox"/> Change Order | <input type="checkbox"/> Schedule | <input type="checkbox"/> Invoice |

Item	Date	Copies	Description	Drawing No	Rev	Status	Pages
01	10-Aug-05	1	ESE - NCR #1		0	Pending	1

These are transmitted as checked below:

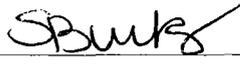
- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> For Approval | <input type="checkbox"/> For Review/comment | <input type="checkbox"/> Return For Correction |
| <input type="checkbox"/> For Your Use | <input type="checkbox"/> As Requested | <input type="checkbox"/> For Information |

Remarks:

CC:

Please review / approve by : 18-Aug-2005 _____

Submitted By: Eric Koefoed
 (KFM Staff Member – Originator of Transmittal)

Checked & Sent By: 
 Contract Admin/DCS Staff

NON-CONFORMANCE REPORT	ESE#1
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Location of Mat'l/Item: Span 4
Title/Description: Tack weld made by non certified welder
Company:
Group: Fsegment Erect
Superintendent: Larry McGill
Foreman:

Report of Condition/Cause of Non-Conformance:
Cable Tray Supports were tacked welded to embed plate located on the face of the diaphragm.
This activity was preformed with a non-certified welder and the procedure plan not approved.

Recommended Corrective Action:
Certify Welder
Remove non-certified tack welds from cabel tray support and embed plate.
Weld cabel tray support to embed plate using the Approved Proceedure Plan and a Certified Welded.

Originator Signature: <i>Larry McGill</i> Date: <i>8/10/05</i>	Superintendent Signature: <i>Larry McGill</i> Date: <i>8/10/05</i>
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Designer Comments on Corrective Action:

Corrective Actions Verified Complete and Inspected:

Reference Documents:

Date Closed:	
Signature:	



P.O. BOX 23223 Oakland, CA 94623
 Phone (510) 419-0120 / Fax (510) 839-0666

LETTER OF SUBMITTAL
KFM Skyway Project # 04-012024

Run Date 25-Aug-05
 Time 3:46 PM

Dated: 8/25/05

SUBMITTAL No: KFM-SUB-005015 Rev: 01

To: Doug Coe
 Caltrans-Skyway Project
 345 Burma Road
 Oakland CA 94607
 Phone: Fax:

Co/Job # 364-3726
 Contract # 04-012024
 Sub/Supplier: ESE
 Sub/Supplier No:

Subject: ESE - NCR #1

Special Provis. (SP) REF: 10-3.06

Standard Spec. (SS) REF:

RESUBMITTAL/SUPPLEMENTAL REF: 5015

We are sending the following attached items: Attached Via Fax

- Drawing
- Samples
- Payroll
- Change Order
- Plans
- Certificates of Compliance
- Specs
- Schedule
- Prog. Pmt
- Calculations
- Copy of Letter
- Invoice

Item	Date	Copies	Description	Drawing No	Rev	Status	Pages
01		1	ESE - NCR #1		1	Pending	

These are transmitted as checked below:

- For Approval
- For Review/comment
- Return For Correction
- For Your Use
- As Requested
- For Information

Remarks:

Please find revised ESE NCR#1 attached. Information requested was the Welder that performed the repair was Randes Biete, the location was E16E segment 16 E 1 and 2 and 16 W 1,2 and 3. Operation performed was to remove the welds ground area flush and reweld the support per approved WPS SMA7018-002. The faulty welds were discovered by KFMs QC inspector Jackie Robinett.

CC:

Please review / approve by : _____

Submitted By: Eric Koefoed
 (KFM Staff Member – Originator of Transmittal)

Checked & Sent By: Jowles
 Contract Admin/DCS Staff



CONSOLIDATED ENGINEERING
LABORATORIES

KIEWIT / FCI / MANSON JV

Welder Qualification Test Record

Page 1 of 1
KFMJV E7

WQTR No. KFMJV E7 Welder Name RANDES BIETE Welder Id E7
 WPS No. SMA7018-001 Revision 1 Date 1/2/2003

Variables	Record Actual Values Used In Qualification	Qualification Range
Process (Table 4.10, Item (1))	<u>SMAW</u>	<u>SMAW</u>
Transfer Mode (GMAW): Short-Cir. <input type="checkbox"/> Globular <input type="checkbox"/> Spray <input type="checkbox"/>		Short-Circuiting <input type="checkbox"/> Globular <input type="checkbox"/> Spray <input type="checkbox"/>
Type Manual <input checked="" type="checkbox"/> Machine <input type="checkbox"/> Semi-Auto <input type="checkbox"/> Auto <input type="checkbox"/>		Manual <input checked="" type="checkbox"/> Machine <input type="checkbox"/> Semi-Auto <input type="checkbox"/> Auto <input type="checkbox"/>
Number of Electrodes Single <input checked="" type="checkbox"/> Multiple <input type="checkbox"/>		Single <input checked="" type="checkbox"/> Multiple <input type="checkbox"/>
Current/Polarity AC <input type="checkbox"/> DCEP <input checked="" type="checkbox"/> DCEN <input type="checkbox"/> Pulsed <input type="checkbox"/>		AC <input type="checkbox"/> DCEP <input checked="" type="checkbox"/> DCEN <input type="checkbox"/> Pulsed <input type="checkbox"/>
Position (Table 4.10, Item (4))	<u>3G & 4G</u>	<u>ALL POSITIONS</u>
Weld Progression: (Table 4.10, Item (6)) Up <input checked="" type="checkbox"/> Down <input type="checkbox"/>		Up <input checked="" type="checkbox"/> Down <input type="checkbox"/>
Backing [Table 4.10, Item (7)] Use Backing <input checked="" type="checkbox"/>		With Backing <input checked="" type="checkbox"/> Without Backing <input type="checkbox"/>
Consumable Insert (GTAW) Use Insert <input type="checkbox"/>		With Insert <input type="checkbox"/> Without Insert <input type="checkbox"/>
Material/Spec. <u>ASTM A709-50</u> to <u>A709-50</u>		<u>ANY LISTED / QUALIFIED STEEL</u>
Thickness (Plate): Groove (mm) <u>3/8</u>		<u>1/8 - 3/4 mm</u>
Fillet () <u>na</u>		<u>1/8 - Unlimited mm</u>
Thickness (Pipe/tube): Groove () <u>na</u>		<u>1/8 - 3/4 mm</u>
Fillet () <u>na</u>		<u>1/8 - Unlimited mm</u>
Diameter(Pipe): Groove () <u>na</u>		<u>OVER 24 - Unlimited mm</u>
Fillet () <u>na</u>		<u>Any - Any mm</u>
Notes		
Filler Metal (Table 10, Item (2))		<u>A5.1 / A5.5</u>
Spec. <u>A5.1</u>		<u>EXXXX</u>
Class. <u>E7018</u>		<u>F1, F2, F3 & F4</u>
F-No. <u>4</u>		
Gas/Flux Type (Table 4.10, Item (3)) <u>na</u>		<u>na</u>
Other <u>WITNESS LOT# B22-015/016-05</u>		<u>04-012024</u>

VISUAL INSPECTION (4.8.1) Acceptable Yes

GUIDED BEND TEST RESULTS (4.30.5)

Type	Result	Type	Result
ROOT, 3G	SATISFACTORY, B31-016-05	FACE, 3G	SATISFACTORY
ROOT, 4G	SATISFACTORY, B31-017-05	FACE, 4G	SATISFACTORY

Fillet Test Results (4.30.2.3 and 4.30.4.1)

Appearance na Fillet Size na Macroetch na

Fracture Test Root Penetration na Description _____

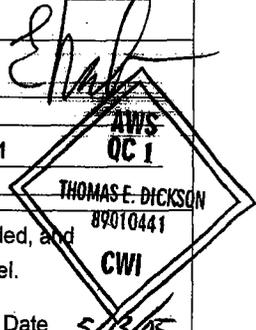
Inspected By JACKIE ROBINETTE, CWI Test No. N05-05531 Organization K.F.M. Date 5/4/2005

RADIOGRAPHIC TEST RESULTS (4.30.3.1)

Film Identification No.	Result	Remark	Interpreted By	Organization	Test No.	Date
<u>na</u>	<u>na</u>	<u>na</u>	<u>[Signature]</u>	<u>C.F.I.</u>	<u>N05-05531</u>	<u>5/9/2005</u>

We, the undersigned, certify that the statements in this record are correct and that the test welds were prepared, welded, and tested in accordance with the requirements of section 4 of ANSI/AWS D1.1, (2000) Structural Welding Code-Steel.

Manufacturer KIEWIT / FCI / MANSON JV Authorized By [Signature] Date 5/12/05



DEPARTMENT OF TRANSPORTATION

SFOBB – Skyway Project
345 Burma Road
Oakland, CA 94607
Facsimile Number: (510) 622-5165



*Flex Your Power
Be Energy Efficient!*

August 22, 2005

KFM, a JV
220 Burma Road
Oakland, CA 94607

Contract: 04-012024
04-SF, Ala-80-13.9/14.3, 0.0/1.6
SFOBB Skyway Project
State Letter # 5.03.1-008537

Subject: Response to KFM-SUB-005015 - ESE NCR #1

Dear Mr. Zink,
Attention: Eric Koefoed,

The State has reviewed KFM-SUB-005015 - ESE NCR #1 and it is not approved. Please revise and resubmit with the following information:

The NCR does not indicate who the welder was or the limits or specific locations of welding applied by this individual. QC should be involved prior to permitting the welder to perform welding to ensure only welding for which the individual is qualified and an approved WPS is utilized. The NCR does not include a reference as to who discovered the issue, which may have been QC.

If you have any further questions I can be reached at (510) 622-5105.

Sincerely,

<<< ORIGINAL SIGNED >>>

Mr. William Howe
Senior Trans. Engineer

For: Mr. Douglas Coe
Resident Engineer

cc: K. Truong
J. Potoy
M. Hossain
E. Alkhasawneh
E. Tamondong
D. Bradfield
R. Shokrpour
D. Salladay
M. Rodriguez

file: 5.03.1

DEPARTMENT OF TRANSPORTATION

SFOBB – Skyway Project
345 Burma Road
Oakland, CA 94607
Facsimile Number: (510) 622-5165



*Flex Your Power
Be Energy Efficient!*

September 02, 2005

KFM, a JV
220 Burma Road
Oakland, CA 94607

Contract: 04-012024
04-SF, Ala-80-13.9/14.3, 0.0/1.6
SFOBB Skyway Project
State Letter # 5.03.1-008615

Subject: Response to KFM-SUB-005015 Revision 1 - ESE-NCR #1

Dear Mr. Zink,
Attention: Eric Koefoed,

The State has reviewed KFM-SUB-005015R01 and is approved. Note that the welder qualification record submitted for Randes Biete is acceptable for performing welding with the SMAW process in all welding positions. This qualification record limits the welding of groove welds to base metal 3/4-inch or less in thickness. This record permits the welder to weld fillet welds on base metals with unlimited thickness.

If you have any further questions I can be reached at (510) 622-5105.

Sincerely,

<<< ORIGINAL SIGNED >>>

Mr. William Howe
Senior Trans. Engineer

For: Mr. Douglas Coe
Resident Engineer

cc: K. Truong, J. Potoy, V. Iyer, R. Mertz, M. Hossain, M. Baker, E. Alkhasawneh, E. Tamondong, D. Bradfield,
R. Shokrpour, D. Salladay, M. Rodriguez

file: 5.03.1, 9.07.16