OFFICE OF THE SPECIAL INSPECTOR GENERAL FOR IRAQ RECONSTRUCTION

HAI AL IMAN CLINIC
HILLA, IRAQ

SIGIR PA-05-017
MARCH 7, 2006

Special Inspector General for Iraq Reconstruction

SIGIR PA-05-017 **March 7, 2006**

Hai Al Iman Clinic in Hilla, Iraq

Synopsis

Introduction. The report was previously provided on a limited distribution basis only in Iraq to representatives of the Gulf Region Division of the U.S. Army Corps of Engineers and the Project and Contracting Office. In accordance with the revised policy of the Office of the Special Inspector General for Iraq Reconstruction, all project assessment reports are being issued publicly.

This project assessment was initiated as part of our continuing assessments of selected sector reconstruction activities for Facilities and Transportation. The overall objectives were to determine whether selected sector reconstruction contractors were complying with the terms of their contracts or task orders and also to evaluate the effectiveness of the monitoring and controls exercised by administrative quality assurance and contract officers. This project assessment was conducted in accordance with the Quality Standards for Inspections issued by the President's Council on Integrity and Efficiency. The assessment team included a professional engineer and an auditor.

Project Assessment Objectives. The objective of this project assessment was to provide real-time relief and reconstruction project information to interested parties in order to enable appropriate action, when warranted. Specifically, we determined whether:

1. Project results were consistent with original objectives;
2. Project components were adequately designed prior to construction or installation;
3. Construction or rehabilitation met the standards of the design;
4. Contractor's quality control plan and the U.S. Government's quality assurance program were adequate; and
5. Project sustainability and operational effectiveness were addressed.

Conclusions. This assessment determined that:

1. The specific objective of this project was the design and construction of an individual primary health care center in Hilla, Iraq. This project was adequately scoped and designed to meet the objectives; however, it is too early in the construction phase of the project to determine if it will actually meet its objectives.

2. The design package appeared to be complete and sufficiently specific to construct the primary health care center. This project was effectively planned and designed in accordance with the contract's Scope of Work. As a result, this project, if constructed in accordance with the approved design and specifications, should produce a usable primary health care center.

3. The project, to date, consists of construction of the concrete columns, beams, ceiling slabs, x-ray room walls, and a stairwell. Reinforced concrete load bearing beams were not constructed to contract specifications and need to be evaluated to determine if corrective actions are required. Corrective action procedures have not been submitted or completed, even though the U.S. Army Corps of Engineers' Quality Assurance Representative documented deficiencies.

4. The U.S. Army Corps of Engineers Quality Assurance Representatives were on-site during rehabilitation and reconstruction events. The Quality Assurance Representatives monitored field activities and completed daily quality assurance reports. The quality assurance deficiency logs were maintained by the Quality Assurance Representatives. Procedures in-place ensured that potential construction deficiencies were detected and documented. The U.S. Army Corps of Engineers Quality Assurance program was adequate, although, there was no consistent review of the contractor's quality control reports.

   The Hai Al Iman Clinic contract specified a requirement for a Contractor Quality Control plan. Parson's Subcontractors' Quality Control Plans did not meet the requirements stated in the Project and Contracting Office Standard Operating Procedure CN-103. The Contractor's Quality Control plans were generic, and lacked any site or task specific details, test plans, subcontractors' job qualifications, and did not contain a subcontractor organizational chart. The Contractor's Quality Control reports were inadequate and did not disclose concrete issues that could require corrective actions. Additionally, Quality Control deficiency logs did not provide sufficient information to ensure that potential construction deficiencies were detected, evaluated, and properly corrected.

5. A review of the Hai Al Iman Clinic in Hilla, Iraq, showed that the clinic should operate upon completion of the project, in accordance with the contract's specific objective to establish an operational primary healthcare center. The contract stated that the contractor shall prepare a preventive maintenance plan; provide appropriate training and a comprehensive training manual; provide legible operation and maintenance manuals and warranties for equipment; and certify all operations for 12 months. The current contract does not provide for spare parts, the purchase of an emergency generator, or medical consumables for the clinic. Sustainability coverage was identified through contract requirements and pending items are currently being pursued. Therefore, at this time, it appears sustainability coverage should be adequate for the future operation of the Hai Al Iman Clinic.

Recommendations

The Commander, U.S. Army Corps of Engineers, Gulf Region Division and Director, Project and Contracting Office should require:

1. Concrete deficiencies to be evaluated and corrected.
2. The contractor to provide and implement detailed Quality Control plans as required in Project and Contracting Office Standard Operating Procedure CN-102 and CN-103.

Management Comments

The Commander, U.S. Army Corps of Engineers, Gulf Region Division, concurred with our conclusions and two recommendations and provided the following coordinated comments.

1. "The contractor is currently in the process of evaluating the concrete deficiencies and formulating a corrective plan that will be submitted to U.S. Army Corps of Engineers for approval. U.S. Army Corps of Engineers will ensure that the repairs are completed in accordance with the corrective action plan and per U.S. Army Corps of Engineers approved designs and submittals. Any deviations from the approved corrective action plan discovered through Quality Assurance inspections will be immediately forwarded to the Parsons Task Manager and Gulf Region South Program Manager for resolution."

2. "The U.S. Army Corps of Engineers Gulf Region Division Contracting Officer will issue a letter to Parsons identifying the deficiencies in their Quality Control Plans and request the expedited submittal of revised plans that meet the U.S. Army Corps of Engineers Engineering Regulation 1110-1-12 and Project and Contracting Office Construction Number-100 and Construction Number-103. Additionally, U.S. Army Corps of Engineers Gulf Region Division Contracting Officer will request that Quality Control reports be posted on Parsons Sharepoint (controlled access website maintained by Parsons for posting and dissemination of project information) in a timely manner and with more detail. U.S. Army Corps of Engineers Gulf Region Division Quality Assurance Representatives will initiate a schedule routine for checking Sharepoint for Quality Control Reports and informing the cognizant Parsons Task Manager when reports are missing or not being posted timely. U.S. Army Corps of Engineers Gulf Region Division will continue to ensure that the contractor adheres to their Quality Control plans through its Quality Assurance program by providing timely feedback to Parsons Task Managers on issues."

The U.S. Army Corps of Engineers, Gulf Region Division, coordinated their comments with the Project and Contracting Office.

Evaluation of Management Comments

Management coordinated comments addressed the issues raised in this assessment and actions planned should correct the deficiencies.

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Introduction

Objective of the Project Assessment

The objective of this project assessment was to provide real-time relief and reconstruction project information to interested parties in order to enable appropriate action, when warranted. Specifically, we determined whether:

1. Project results were consistent with original objectives;
2. Project components were adequately designed prior to construction or installation;
3. Construction or rehabilitation met the standards of the design;
4. Contractor's quality control plan and the U.S. Government's quality assurance program were adequate; and
5. Sustainability and operational effectiveness were effectively addressed in the contract or task order for the project.

Pre-Site Assessment Background

Contract, Task Order, and Costs

The Hai Al Imam Clinic project will be completed under Task Order 0012, Contract W914NS-04-D-0006. Contract W914NS-04-D-0006 was a design build, Indefinite Delivery Indefinite Quantity contract. The contract was between the Coalition Provisional Authority and Parsons Delaware Incorporated (Parsons). Contract W914NS-04-0006 currently consists of 12 modifications. Task Order 0001 for mobilization, dated 25 March 2004, was a design build, cost-plus award fee, which mobilized the work and services for the funded amount of $4,000,000.

Subsequently, TO 0012 was issued due to a re-alignment within the U.S. Army Corps of Engineers (USACE) Gulf Region Division (GRD). TO 0012, dated 20 October 2004, included the definitization of the construction estimated costs and fees for 60 primary health care centers in the total amount of $40,914,583. The total construction costs and fees for the 60 primary health centers were separated into the following Contract Line Item Numbers (CLIN)

- CLIN 0001 – $35,577,898 – construction costs;
- CLIN 0002 – cost To Be Determined – cost of equipment list;
- CLIN 0003 – cost To Be Determined – cost of additional equipment list;
- CLIN 0004 – $1,067,337 – base fee; and
- CLIN 0005 – $4,269,348 – award fee.

CLIN 0001 was subdivided into CLINs 006 through 0065, corresponding to each individual clinic. Although TO 0012 included construction of all 60 primary health care centers, this assessment addresses only the Hai Al Iman Clinic BB02 - CLIN 0018 – in the amount of $533,447.

Issuance of TO 0012 constituted a full Notice to Proceed for CLINs 001, 0004, and 0005. TO 0012 has three task order modifications.

- Modification 01, dated 26 December 2004, definitized CLINs 0002 and 0003 for the amount of $28,106,686. The issuance of TO 0012 Modification 01 constituted a full Notice to Proceed for CLINs 0002 and 0003. The definitized amount for CLINs 0002 and 0003 included estimated costs and fees associated with the purchase, logistics effort, installation and testing of the equipment, training of the clinic personnel, and a 12-month warranty. In addition, the Not to Exceed amount for CLIN 0001 and CLINs 0006 through 0065 remained unchanged at $35,577,898. The completion date for all CLINs under this TO is 26 December 2005.
- Modification 02, dated 8 September 2005, to issue a stop work, dated 11 June 2005, for CLIN 0024 – BB08. Site remediation work guidance will be issued by the USACE Gulf Regional Division – Southern District. There are no changes to funding or TO price.
- Modification A00001, dated 19 February 2005, revised Section 00010 of the contract. This modification effected changes to CLINs 0006 through 0065 and reflected the re-baseline costs. CLIN 0001 funding amount was increased $9,668,500; the total estimated cost, not including base and award fee, increased from $35,577,898 to $45,246,398. In addition, the NTE for CLIN 0001 and CLINs 0006 through 0065 increased to $50,310,891. The completion date for all CLINs remains unchanged. Modification A00001 decreased the Hai Al Iman Clinic BB02 - CLIN 0018 - to $441,625.

Project Objective

On 20 October 2004, the contract stated that the Iraqi healthcare system was systematically under-funded over the last fifteen years. This under-funding led to severe declines in the health status of the population, the most vulnerable being children. The method to meet the initial healthcare needs is with the construction of primary healthcare centers. The overall objective of this task order was to improve the health care of the Iraqis by constructing 60 primary health centers in southern Iraq, and the supply and installation of associated medical equipment. The specific objective of this project was the design and construction of an individual primary health care center in Hilla[1], Iraq.

Description of the Facility (preconstruction)

The description of the facility was based on information from the initial scope of work, and the review of the quality control (QC) and quality assurance (QA) daily reports. The site selected for construction was an open area with no existing structures. The project was located in a predominately residential area on the outskirts of the City of Hilla, approximately 100 kilometers south of Baghdad, Iraq. Topography of the site was generally level in grade.

[1] Due to the various spellings for cities in Iraq, and in an effort to achieve standardization in SIGIR reports, Al Hillah, as noted in project documentation will be referred to as Hilla.

Scope of Work of the Task Order

The contract's initial scope of work, dated 20 October 2004, included the design and construction of 60 primary health care centers and the supply and installation of associated medical equipment. This specific project was for the design and construction of an individual primary health care center in Hilla, Iraq. Significant work for construction of the facility included the following:

- Construct primary health care center
  - Structural systems
  - Electrical/communication systems
  - Mechanical systems (heating, ventilation and air conditioning)
  - Water/sewer systems
  - Finishing (windows/doors/tile/paint/ceilings)

Current Project Design and Specifications

The contract's Statement of work (SOW) included a requirement for the submittal and approval of all project designs and specifications. The SOW required submission of conceptual design submittal (10%), schematic design submittal (30%), design development (65%), and construction documents (95%) for review and approval from the Sector Program Contracting Office. Requirements for all construction and rehabilitation work included the use of the applicable International Building Code, International Existing Building Code, International Electrotechnical Commission, National Fire Protection Association, Sheet Metal and Air Conditioning Contractor's National Association, International Mechanics Code, and International Plumbing Code.

Parsons submitted 30%, 65%, 95%, and 100% design drawings and specifications for review and approval. The assessment team reviewed the electronic and hard copies of the 100% design and specifications. Design drawings and specifications appear to be complete and consistent with the contract's requirements.

Reported Project Work Completed and Pending

We determined the project's status prior to the site visit through discussions with the U.S. Government Quality Assurance Representative (QAR), the USACE Resident Engineer (RE), the Parsons' project manager, review of the Project and Contracting office (PCO) contract file, review of the QC daily reports, and a review of the QA daily reports.

Project site work reported completed:

- No significant work elements were completed prior to the site visit.

Project site work reported in progress:

- Structural
  - Ground floor columns;

- Ground floor ceiling beams;
- Ground floor ceiling slab;
- Stairwell;
- X-ray room walls;
- First floor columns; and
- First floor ceiling slab.

Project site work pending:

- Ground floor concrete slab;
- Electrical/communication systems;
- Mechanical systems (heating, ventilation and air conditioning);
- Water/sewer systems; and
- Finishing (Windows/Doors/tile/paint/ceilings).

Site Assessment

On 26 September 2005, we performed an on-site assessment at the Hai Al Iman Clinic (primary health care center BB02), in Hilla, Iraq. Prior to our site visit, we interviewed the Parsons' Project Task Order Manager, the USACE RE, and the QAR. The site visit included an assessment of work in progress; while pending work was not evaluated. On the day of the site visit, work was not being accomplished by Parsons or its subcontractors.

Work Completed

No significant work elements were completed prior to the site visit.

Work In Progress

Significant work underway included the construction of the structural concrete elements of the facility, specifically the ground floor columns, ground floor structural beams, ground floor ceiling slab, interior stairwell, X-ray room walls, first floor structural beams, first floor columns, and first floor ceiling slab. The contract and design required cast in-place reinforced concrete structural beams, columns, and slabs. At the time of the site visit, most of the concrete for these items had been poured. Either the formwork had been removed or formwork was in-place pending curing of the concrete. Due to the short duration of the site visit and the first floor form work still in place, only selected areas of the construction could be evaluated. For an illustration of ground floor and first floor construction, see Site Photo 1.

Site Photo 1. Ground Floor and First Floor Construction

Ground floor columns, ceiling beams, and ground floor ceiling slab

At the time of the site visit, all ground floor columns and ceiling beams had been completed and most of the formwork removed. We observed only a portion of the columns, ceiling beams, and ceiling slab. We identified concrete segregation, voids, and re-bar exposure on the surface of the load-bearing reinforced concrete ceiling beams. We observed no significant discrepancies on the columns and ceiling slab. For an illustration of interior concrete columns and a ground floor slab, see Site Photo 2. For illustrations of the first floor ceiling concrete beam, see Site Photo 3 and Site Photo 4. This concrete beam does not meet design specifications listed in the design for minimum concrete cover for reinforcement placed in “cast in place” concrete as it applies to “concrete beams not exposed to weather or in contact with the ground”.

Site Photo 2. Interior Concrete Columns and Ground Floor Ceiling Slab

Site Photo 3. First Floor Ceiling Concrete Beam

Site Photo 4. Close-Up View of Site Photo 3

For an illustration of concrete segregation on the side of a load-bearing reinforced ceiling beam, see Site Photo 5 and Site Photo 6. The required design strength of this beam may not be obtained due to segregation of material during the concrete pour.

Site Photo 5. First Floor Ceiling Concrete Beam with Concrete Segregation

Site Photo 6. Close-Up of Site Photo 5

X-ray room walls

The design required the construction of a “cast in place” reinforced concrete-walled room to be utilized for the operation of x-ray equipment. During our site visit, we verified the walls of the x-ray room were complete, although the reinforced concrete slab floor had not been installed. We identified no deficiencies during our site visit. For an illustration of the x-ray room exterior walls, see Site Photo 7.

Site Photo 7. X-Ray Room Concrete Walls

Interior ground floor to first floor stairwell

The project design drawings required the construction of one stairwell from the interior ground floor to the first floor, consisting of "cast in place" reinforced concrete. During our site visit, we verified the concrete stairwell was in place, although the workmanship of the concrete placement was poor. Concrete overflow was located near the corners of the stairs (Site Photo 8), the surface was uneven, and the lip of the stairs was cracked (Site Photo 9). During its construction, the stairwell appears to have been utilized by the construction crews to move personnel and equipment from the ground floor to the first floor. Some of the damage may be attributed to construction activities; however, the majority of the deficiencies appeared due to poor workmanship.

Site Photo 8. Ground Floor to First Floor Stairwell

Site Photo 9. Ground Floor to First Floor Stairwell

First floor columns and floor ceiling slab

At the time of our site visit, the first floor columns, ceiling beams, and ceiling slab had been completed; however, the formwork had not been removed. In place formwork prohibited an inspection of the concrete surface on the first floor. For an illustration of the first floor column wrapped in burlap as required during curing procedures, see Site Photo 10. For an illustration of the ground floor roof section, see Site Photo 11.

Site Photo 10. First Floor Column with Burlap Wrap

Site Photo 11. Ground Floor Roof Section

Work Pending

Project site work not yet underway is the construction of the ground floor concrete slab, installation of electrical and communication systems, installation of mechanical systems, installation of water and sewer systems, and all finishing work. We did not evaluate any pending work as part of our site visit.

Project Quality Management

The Hai Al Iman Clinic contract specified a requirement for a Contractor Quality Control (CQC) plan. The Quality Control (QC) management plan was to be adhered to throughout the duration of the design, construction, installation, testing, and commissioning phases. Parsons developed a Quality Management Plan which included QC requirements for its subcontractors. Parsons' Subcontractor Quality Control Plan is a generic plan, lacking any site or task specific details. In an attempt to improve the subcontractor's QC, Parsons instituted a training program for its subcontractor's QC representatives. In addition, Parsons required the use of a three-phase checklist by its subcontractors and daily QC reports.

The contractor provided daily QC reports that presented a brief background on the number of workers, the work activities completed, any tests or inspections performed, and a two-week look ahead, which were accessible through the Parsons website. QC representatives monitored field activities and completed daily QC reports and QC deficiency logs. The QC reports did not always include sufficiently complete daily observations of what occurred at the site, problems encountered at the site that required corrective actions, or solutions achieved to correct problems at the site. The QC deficiency logs did not provide sufficient information to ensure that potential

construction deficiencies were detected, evaluated, and properly corrected in a timely manner. For example, on 28 August 2005, the U.S Government QAR daily report identified concrete segregation and appearance of cold joints, which required possible corrective actions. Parsons' QC reports failed to disclose these concrete issues. During our site assessment, other concrete discrepancies were noted, but were not documented in the QC daily reports or in the QC deficiency log.

The USACE Engineers Engineering Regulation 1110-1-12 and the PCO Standard Operating Procedure CN-100 specified requirements for a Government Quality Assurance program. The USACE QA program was adequate, although, the contractor QC reports were not consistently reviewed. The USACE QARs were on-site during rehabilitation and reconstruction events. QARs monitored field activities and completed daily QA reports. The QA deficiency logs were maintained by the QARs. The QARs forwarded the QA reports to the USACE RE for review and verification of progress completed. The procedures in place ensured that potential construction deficiencies were detected and documented. In addition, the QAR's reports were sufficiently complete, accurate, and timely. Furthermore, QA reports included project specific or detailed photographs that reinforced the narrative information provided in reports.

Project Sustainability and Operational Effectiveness

Project Sustainability

The contract stated that the contractor will prepare a preventive maintenance plan to identify the manufacturer's information and recommendations for preventive maintenance on all installed equipment in coordination with the Ministry of Health. In addition, the contractor is responsible for providing training for all operators and technicians to allow the hospital to conduct long-term routine and preventive maintenance. The contractor will provide a comprehensive training manual, and the equipment manufacturer's representatives or technical experts shall conduct training.

For Operation and Maintenance, the contractor will provide three copies of legible operation and maintenance manuals for all new equipment, finishes, and fixtures. The contract included providing the Hai Al Iman Clinic with warranties for all the mechanical, electrical, and/or electronic device equipment. In addition, the contract certified all operations for 12 months at the Hai Al Iman Clinic.

The contractor will provide a price list of spare parts and consumable items that are anticipated to be required during the first five years and/or use of all new equipment.

Requirements for operation and maintenance manuals as well as on-site training for the HVAC and medical equipment were included in the contract. The medical equipment and its warranties will be provided to the primary healthcare center. The current contract does not provide for spare parts for the Hai Al Iman Clinic, purchase of emergency generator or medical consumables, which will affect sustainability, if not addressed. Sustainability coverage has been identified through contract

requirements and pending items which are currently being pursued; therefore, at this time, it appears sustainability coverage, at least for the first 12 months, should be adequate for the operation of the Hai Al Iman Clinic.

Operational Effectiveness

A review of the contract's SOW showed that, if construction is completed in accordance with contract requirements, the project should result in a complete healthcare facility. This will satisfy the contract's specific objective, which was to establish an operational primary healthcare center.

Conclusions.

Based upon the results of our site visit, we reached the following conclusions for assessment objectives 1, 2, 3, 4, and 5. Appendix A provides details pertaining to Scope and Methodology.

1. Determine whether project results will be consistent with original objectives.

   The overall objective of this task order was to improve the health care of Iraqis by the design and construction of 60 primary health centers in southern Iraq and the supply and installation of associated medical equipment. The specific objective of this project was the design and construction of an individual primary health care center in Hilla, Iraq. This project was adequately scoped and designed to meet the objectives; however, it is too early in the construction phase of the project to determine if it will actually meet those objectives.

2. Determine whether project components were adequately designed prior to construction or installation.

   The design package appeared to be complete and sufficiently specific to construct the primary health care center. This project was effectively planned and designed in accordance with the contract's SOW. As a result, this project, if constructed in accordance with the approved design and specifications, should produce a usable health care facility consistent with the project objectives.

3. Determined whether construction or rehabilitation met the standards of the design.

   The project, to date, consists of construction of the concrete columns, beams, ceiling slabs, X-ray room walls, and stairwell. Although not all areas were accessed during the site visit, significant issues were identified. Reinforced concrete load bearing beams were not constructed to contract specifications and need to be evaluated to determine if corrective actions are required. This occurred because the contractor's construction manager did not effectively monitor or supervise construction work. Corrective action procedures have not been submitted or completed, even though the USACE's QAR has documented deficiencies.

   We recommend the contractor evaluate concrete deficiencies and complete corrective actions. Corrective action proposal by the contractor and approval by the PCO or the USACE is advised to correct this deficiency.

4. Determine whether the contractor's quality control plan and the Government quality assurance program were adequate.

   The USACE Engineering Regulation 1110-1-12 and the PCO SOP CN-100 specified requirements for a Government QA program. The USACE QARs were on-site during rehabilitation and reconstruction events. The QARs monitored field activities and completed daily QA reports. The QA deficiency logs were maintained by the QARs. Procedures in-place ensured that potential construction deficiencies were detected and documented. The USACE QA program was adequate, although, there was no consistent review of the contractor's QC reports.

   The Hai Al Iman Clinic contract specified a requirement for a Contractor Quality Control (CQC) plan. Parson's Subcontractors' QC Plans failed to meet the requirements stated in the PCO SOP CN-103. The Contractor's QC plans were generic, and lacked any site or task specific details, test plans, subcontractors' job qualifications and did not contain a subcontractor organizational chart. The QC reports did not always include sufficiently complete daily observations of what occurred at the site, problems encountered at the site that required corrective actions, or solutions achieved to correct problems at the site. The Contractor's QC reports were inadequate and failed to disclose concrete issues that could require corrective actions. Additionally, QC deficiency logs did not provide sufficient information to ensure that potential construction deficiencies were detected, evaluated, and properly corrected in a timely manner.

   We recommend that the PCO and the GRD require the contractor to provide detailed QC plans as required in the PCO SOP CN-102 and CN-103. In addition, the PCO and the GRD should ensure that the contractor adheres to the detailed QC plans.

5. Determine if project sustainability and operational effectiveness were addressed.

   A review of the Hai Al Iman Clinic, located in Hilla, Iraq, showed that the clinic should operate upon completion of the project, in accordance with the contract's specific objective to establish an operational primary healthcare center. The contract stated that the contractor shall prepare a preventive maintenance plan; provide appropriate training for all operators and technicians; provide a comprehensive training manual; provide three copies of legible operation and maintenance manuals; provide the warranties for all the mechanical, electrical, and/or electronic device equipment; and certify all operations for 12 months at the Hai Al Iman Clinic. The current contract does not provide for spare parts for the Hai Al Iman Clinic, purchase of emergency generator or medical consumables, which will affect sustainability, if not addressed. Sustainability coverage was identified through contract requirements and pending items are currently being pursued; therefore, at this time, it appears sustainability coverage should be adequate for the future operation of the Hai Al Iman Clinic.

Recommendations.

The Commander, U.S. Army Corps of Engineers, Gulf Region Division and Director, Project and Contracting Office should require:

1. Concrete deficiencies to be evaluated and corrected.

2. The contractor to provide and implement detailed Quality Control plans as required in Project and Contracting Office Standard Operating Procedure CN-102 and CN-103.

Management Comments.

The Commander, U.S. Army Corps of Engineers, Gulf Region Division, concurred with our conclusions and two recommendations and provided the following coordinated comments.

1. "The contractor is currently in the process of evaluating the concrete deficiencies and formulating a corrective plan that will be submitted to U.S. Army Corps of Engineers for approval. U.S. Army Corps of Engineers will ensure that the repairs are completed in accordance with the corrective action plan and per U.S. Army Corps of Engineers approved designs and submittals. Any deviations from the approved corrective action plan discovered through Quality Assurance inspections will be immediately forwarded to the Parsons Task Manager and Gulf Region South Program Manager for resolution."

2. "The U.S. Army Corps of Engineers Gulf Region Division Contracting Officer will issue a letter to Parsons identifying the deficiencies in their Quality Control Plans and request the expedited submittal of revised plans that meet the U.S. Army Corps of Engineers Engineering Regulation 1110-1-12 and Project and Contracting Office Construction Number-100 and Construction Number-103. Additionally, U.S. Army Corps of Engineers Gulf Region Division Contracting Officer will request that Quality Control reports be posted on Parsons Sharepoint (controlled access website maintained by Parsons for posting and dissemination of project information) in a timely manner and with more detail. U.S. Army Corps of Engineers Gulf Region Division QARs will initiate a schedule routine for checking Sharepoint for Quality Control Reports and informing the cognizant Parsons Task Manager when reports are missing or not being posted timely. U.S. Army Corps of Engineers Gulf Region Division will continue to ensure that the contractor adheres to their Quality Control plans through its Quality Assurance program by providing timely feedback to Parsons Task Managers on issues."

The U.S. Army Corps of Engineers, Gulf Region Division, coordinated their comments with the Project and Contracting Office.

Evaluation of Management Comments.

Management coordinated comments addressed the issues raised in this assessment and actions planned should correct the deficiencies.

Appendix A. Scope and Methodology

We performed this project assessment from September through October 2005 in accordance with the Quality Standards for Inspections issued by the President's Council on Integrity and Efficiency. The assessment team included a professional engineer and auditor.

In performing this Project Assessment we:

- Reviewed contract documentation, including the Independent Government Estimate, Scope of Work, Contract, and contract modifications;
- Reviewed the design package (drawings and specifications), Quality Assurance Plan, Quality Control Plan, contractor's daily Quality Control reports, and Quality Assurance Representative reports;
- Interviewed the Project Manager, Project Engineer, Quality Assurance Representative, and the contractor's quality control manager and on-site staff; and
- Conducted an on-site assessment and documented results at Hai Al Iman Clinic.

Limiting Factor.

The security detail allowed our team 15 minutes at the facility. Therefore, time was not sufficient to view the whole facility.

Appendix B. Acronyms

CLIN	Contract Line Item Number
PCO	Project and Contracting office
QA	Quality Assurance
QAR	Quality Assurance Representative
QC	Quality Control
RE	Resident Engineer
SOW	Statement of work SOW
USACE	U.S. Army Corps of Engineers

Appendix C. Project Assessment Team Members

The Office of the Assistant Inspector General for Inspections, Office of the Special Inspector General for Iraq Reconstruction, prepared this report. The principal staff members who contributed to the report include:

Michael Stanka, P.E.

Angelina Johnston