

MAINE NRCS SPOT CHECK FORM

Field Office Checked:

District Conservationist:

Discipline Checked:

Checked By:

Date of Spot Check:

| Fill in one column for each practice spot checked: | | | | | | |
|--|--|--|--|--|--|--|
| Practice Name/No | | | | | | |
| Operator | | | | | | |
| Tract/Field | | | | | | |
| Contract No | | | | | | |
| Contract Item | | | | | | |
| Planner | | | | | | |
| Design Approved By | | | | | | |
| Certified By | | | | | | |
| Answer Y, N, or N/A for the following items: | | | | | | |
| Appropriate Planning/ Assistance Notes | | | | | | |
| Properly Planned and Documented Resource Concern | | | | | | |
| Design Calcs/Documentation Complete and Appropriate | | | | | | |
| O&M present | | | | | | |
| Jobsheet or Design Completed and Correct | | | | | | |
| Practice installed in accordance with plans | | | | | | |
| As-built documentation complete | | | | | | |
| Amount reported same as installed | | | | | | |
| Planning, Design, and Checkout done within JAA | | | | | | |
| Action needed? | | | | | | |

*See page 2 for Commendations, Recommendations, and Actions Needed.

District Conservationist Signature

Date

Spot Checker Signature

Date

MAINE NRCS SPOT CHECK FORM

Commendations:

Recommendations:

Actions Needed: