

**SUBPART D – EXHIBITS**

U.S. DEPARTMENT OF AGRICULTURE  
NATURAL RESOURCES CONSERVATION SERVICE

ID-TCH-002

**SPOT-CHECK REPORT  
ENGINEERING/STRUCTURAL PRACTICES**

**PART I**

Division \_\_\_\_\_ Date \_\_\_\_\_ Field Office \_\_\_\_\_

Program Year \_\_\_\_\_ County \_\_\_\_\_

1. Name of Producer \_\_\_\_\_ FOTG Practice \_\_\_\_\_

2. Program \_\_\_\_\_

3. Planning Data:

a. Planned by \_\_\_\_\_ Date \_\_\_\_\_

b. Does practice fit RMS: Yes \_\_\_ No \_\_\_

Benefits (effects) have been determined: Yes \_\_\_ No \_\_\_

Does practice meet owners' objectives: Yes \_\_\_ No \_\_\_

4. Design Data:

a. Name of Designer: \_\_\_\_\_ Approved by: \_\_\_\_\_

b. Engineering Job Class \_\_\_\_\_

Is NRCS delegated engineering approval authority adequate:

Yes \_\_\_ \* No \_\_\_ N/A \_\_\_

c. Type of specifications provided to farmer: \_\_\_\_\_

d. Does design meet NRCS standards: Yes \_\_\_ \* No \_\_\_

e. Are field investigations and computations adequate for design: Yes \_\_\_ \* No \_\_\_  
(Reference supporting data documentation sheet)

f. Are drawings and specifications provided to farmer adequate: Yes \_\_\_ \* No \_\_\_  
(Including farmer's signature on drawings)

5. As-built Data:

Who determined that practice met standards and specs: \_\_\_\_\_

a. Who did field work: \_\_\_\_\_ Date \_\_\_\_\_

b. Practice was installed in accordance with plans, drawings, and specifications: Yes \_\_\_ No \_\_\_

c. Does practice meet NRCS standards and specifications and are changes properly documented: Yes \_\_\_ \* No \_\_\_ N/A \_\_\_

\* Action is required on any item(s) having asterisks. Reference General Manual, Part 402, Subpart C.

U.S. DEPARTMENT OF AGRICULTURE  
NATURAL RESOURCES CONSERVATION SERVICE

ID-TCH-002

Page 2

- d. Were quantities certified correct: Yes \_\_\_ \* No \_\_\_
- e. Are practice items properly reported: Yes \_\_\_ \* No \_\_\_
- f. Does the design data include an O&M statement: Yes \_\_\_ No \_\_\_
- g. Spot-checker's comments to district conservationist:  
Follow-up actions are needed: Yes \_\_\_ No \_\_\_  
Describe possible actions needed: \_\_\_\_\_  
\_\_\_\_\_

6. Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Spot-checker

Part II. Follow-up Actions on Deficiencies.

This part is to be completed and signed by the district conservationist after actions are taken to correct the deficiencies set forth in Part I. Describe in detail the actions taken to correct deficiencies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
District Conservationist