SPOT-CHECK REPORT
ENGINEERING/STRUCTURAL PRACTICES

Date _____ Area _____ Field Office _____

Program _____ Year Contracted _____ County _____

Producer _____ FOTG Practices _____

_____

For the following, list the name of the primary person, and appropriate dates:

Practices planned by _____

Designs completed by _____

Design approved by _____

Construction certified by _____

Controlling Engineering Job Class of project _____

Part I -- Planning

a. Is the Field Resource Inventory completed and resource concern(s) identified?

Yes ____ No ____

b. Does the contract contain a CPA-52 form completed with resource concerns identified and both short-term and long-term effects evaluated? Yes ____ No ____

c. Does the practice(s) address the resource concerns identified on the CPA-52?
Yes ____ No ____

d. Does the planner have adequate Job Approval Authority for these practices, or was someone with adequate approval contacted during the planning process? Yes ____ No _____

Remarks: _____

_____

_____

_____

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_____

Part II -- Design

a. Is NRCS delegated engineering approval authority adequate? Yes ____ * No _____

b. Specifications provided to producer: _____

_____

c. Does design meet NRCS standards? Yes ____ * No ____
(Reference FOTG Statement of Work)

d. Are field investigations and computations adequate for design? Yes ____ * No _____
(Reference supporting data documentation sheet)

e. Are drawings and specifications provided to farmer adequate? Yes ____ * No _____

f. Does the design include O&M information? Yes ____ No ____

g. Has the producer signed the design or a job sheet, including a utilities disclaimer?
Yes _____ * No _____

Remarks: _____

_____

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_____

Part III -- Construction

a. Was the practice installed in accordance with plans, drawings, and specifications?
Yes ___ No ____

b. Are as-built plans clear, and were changes properly documented? Yes ____ * No ____

c. Were the certified quantities correct? Yes _____ * No _____

d. Is the contract properly marked to document the practice installation? Yes ___ * No ___

e. Does the person certifying the practice(s) have adequate Job Approval Authority?
Yes ____ * No _____

Remarks: _____

_____

_____

_____

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

Part IV -- Conclusions and spot checker's recommendations to District Conservationist

Follow-up actions are needed: Yes ____ No ____

Describe possible actions that the spot checker considers '*required*': _____

_____

_____

_____

Describe possible actions that the spot checker considers '*recommended*': _____

_____

_____

_____

Remarks: _____

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_____

Signature: _____ Date _____

Spot checker

Part V -- 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 IV. Describe *in detail* the actions taken to correct deficiencies.

_____

_____

_____

_____

Signature: _____ Date: _____

District Conservationist

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