

# SPOT CHECK REPORT

## General Information

<b>Field Office:</b>		<b>County:</b>	
<b>Client's Name:</b>		<b>Is the Client an NRCS Employee:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Was the practice or practice components completed by a TSP:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## Practice Information

<b>Practice Name:</b>	<b>Code Number:</b>	<b>Practice Unit:</b>	
<b>Number Units Certified:</b>	<b>Date Certified:</b>	<b>Certified By:</b>	
<b>Engineering Job Class of Practice (if applicable):</b>	<b>Individual Engineering Job Approval Authority(JAA) for Practice (if applicable)</b>		
	<b>Planner:</b>	<b>Certified By:</b>	<b>Construction QA:</b>
	<b>JAA:</b>	<b>JAA:</b>	<b>JAA:</b>

**Practice Cost Shared:**  Yes  No

Program:

Farm, Tract, Field Number(s):

## Spot Check Findings

**Spot Check Date:**

Is the practice contained in the conservation plan?  Yes  No  
 If no, explain what is needed to correct deficiencies.

Does the practice address one or more of the resource concerns as identified in the conservation plan?  Yes  No  
 If no, please explain.

Were other alternatives considered?  Yes  No  
 Did the selected alternative most effectively meet the identified resource need(s)?  Yes  No  
 If no, please explain.

Was the selected practice planned properly?  Yes  No  
 If no, please explain.

Were associated practices planned and installed as needed to address identified resource concerns?

Yes     No     NA

If no, please explain.

Is the supporting data adequate?     Yes     No

If no, explain what is needed to correct deficiencies.

Does the installed practice meet the practice standard and the approved design (plans and specifications)?  Yes     No

If no, explain what is needed to correct deficiencies.

Is there an O&M Plan and is it being followed?     Yes     No

If no, please explain.

Commendations/Recommendations of Spot Checker

Follow-Up Action, Training, and Other:

**Signature of Spot Checker**

**The practice checked met the practice standard, approved design, and the amount certified is correct, with the exceptions listed above.**

**Print Name:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Action by Assistant State Conservationist-Field Operations**

**Describe the Action(s) to be taken:**

**Commendations:**

**Agreed-to Items:**

**Signature:**

**Date:**

**Action by District Conservationist**

**Describe the action(s) to address the agreed-to-items:**

**Signature:**

**Date:**

**Action by Assistant State Conservationist-Field Operations**

**Has the follow-up action (s) been completed correctly?**     Yes     No

Describe any further action (s) to be taken or training to be given:

**Signature:**

**Date:**