## Practice Check Out Documentation

| | | | |
|---|---|---|---|
| Customer | _____ | Tracts Applied | Fields Applied |
| Plan Name | _____ | _____ | _____ |
| Notes | _____ | _____ | _____ |

The supporting data[1] for checking out this completed practice is recorded on the following document in the case file: _____ or is attached.

## Checking Completed Work

☐ The supporting check out data are consistent with the requirements of the practice specifications[2] needed to meet the criteria for the planned purpose(s) of the practice. The Operation and Maintenance requirements of the practice have been effectively communicated to the client and prompt follow through is reasonably expected.[3]

☐ The supporting check out data are NOT consistent with the specifications of the planned practice. The inconsistencies listed below or attached have been found. However, the requirements of the practice and its intended function are still being met.

Signature of practice checker[4]: _____ Date: _____

## Additional Supporting Data As Required

| | **Acceptable Inconsistencies** | **Noted Deficiencies[5]** | **Date Deficiencies Addressed** |
|---|---|---|---|
| See Page 2 | | | |
| O&M Information | | | |
| Other Information | | | |

## Performance Certification for Payment

Certification of practice performance for program payments is done by an NRCS employee with designated authority using the appropriate program application for payment form. This document may be used to support payment certification or to communicate deficiencies to a client.

[1] Sampling is encouraged to check out practices. Recording of supporting data is required for the identified sample.

[2] Practice specifications may be recorded on job sheets, practice narratives, or other appropriate documents.

[3] If this box is checked, it means the customer is following the practice specifications exactly as required by the job sheet, narrative, or other document used to communicate them and NO Additional Supporting data is needed.

[4]Practices may be checked by NRCS employees, Technical Service Providers (TSPs), qualified contractors and other qualified individuals (non TSPs – i.e. Nutrient Management Specialists, District Foresters, etc.) The NRCS employee responsible for certifying the practice must be satisfied that the work of these individuals will meet specifications before accepting their statements and measurements as supporting data.

[5] Use this column when using this form to document deficiencies for practices that do not meet the requirements. If not using this form to document deficiencies, the deficiencies must be shown in red on the job sheet, practice narrative, or other document identifying the practice specifications.

1. Farm #, Tract #, Field #, and acres _____

2. Stand

   (a) maturity at harvest _____
   (b) harvest intervals _____
   (c) stubble height _____
   (d) moisture content of each harvest _____
   (e) dry hay or haylage _____
   (f) other_____

1. Fertilizer:

   a. Kind: _____
   b. Amount: _____
   c. Timing: _____
   d. Method of Application: _____
   e. Manure Applied: (yes or no) tons _____

2. Fall Grazed after Killing frost (Yes or No)
3. Wildlife (if applicable)

   a. Species benefited: _____

   b. Dates of Harvest to benefit species _____