

SUBJ: CPA-Spot Check Report _____ Field Office, _____ Fiscal Year, _____ Date _____

TO: _____ AC, NRCS _____, FL

LEGEND							Needs & Practicability				
A=Adequate (Meets policy, procedures, standards & specifications) IA=Inadequate (Does not meet policy, procedures, standards & specifications) NI=Needs Improvement C=Commendable NA=Not Applicable (Does not apply to practice being spot checked)							Supporting Documentation				
							Documented in Toolkit or Case File				
							Correct Amount Certified				Meets Standards & Specs
Code	Practice Name	Program	Cost-Shared Yes/No	Amount Certified (Units)	Land User's Name and Case File ID, Track or Field #	Employee Making Final Check					

Note: Spot Checker will list deficiencies and recommendation on reverse side of this form under Assessment of Findings and Determinations or on attached trip report.

Prepared by: _____ Title: _____ Date: _____

List practices deficiencies, requirements for correction, recommendations, training needs, and commendable items.
(Identify practice, program, land user; explain in detail action needed to correct IA finding; indicate when items have been corrected and no further action will be required)

Prepared by _____ Date _____ Approved by _____ Date _____
(spot checker's signature) AC