

# REPORT OF SPOT CHECKS

Field Office \_\_\_\_\_

County \_\_\_\_\_

Line No.	Practice Name and Code No.	Program Spot Checked (EQIP, CRP etc.)	Cooperator's Name	Location of Practice 1/	Date Reported	Practice Is Needed and Appropriate	Designed or Planned By	Quantities		Practice Meets All Specs (Yes/No)	Documentation Adequacy (Yes/No)
						Yes/No	Approved By	Cert	Spot Check		Supporting Documentation
1											
2											
3											
4											
5											
6											

The findings of this spot check report have been reviewed and agreed upon by:

Spot Checker Signature	Date	District Conservationist Signature	Date

ALL DISCREPANCIES AND DEFICIENCIES SHALL BE NOTED AND EXPLAINED ON REVERSE WITH CROSS REFERENCE TO LINE NUMBER. DESCRIBE AND DATE FOLLOW-UP ACTIONS. (IF MORE SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET)

1/ (Location by Legal Description if Available. Otherwise use Conservation Plan Field Number or Other Accepted Local Description.)

If deficiencies are found, the ASTC (FO) and the District Conservationist will prepare and agree to a plan for corrective actions. The plan will include a schedule for completing corrective actions and submitting periodic reports.

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1. SPOT CHECKER COMMENTS: (Include evaluation of practices, good as well as bad. If deficient, identify needed actions or make recommendations to correct deficiency)

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2. DISTRICT CONSERVATIONIST COMMENTS: (Include comments on follow-up and actions taken)

Action

Action Completion Date -

Action

Action Completion Date -

3. ASSISTANT STATE CONSERVATIONIST (FO): (Statement of follow-up actions)

Corrective Action

Action Required by Date -

Corrective Action completed or satisfactorily addressed

Review Date -

Corrective Action

Action Required by Date -

Corrective Action completed or satisfactorily addressed

Review Date -

### Distribution of Report

- \* Within 15 working days after completing field office spot checks a report will be sent to the State Conservationist
- \* Original retained by DC in Field Office Spot Check file.

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Action

Action Completion Date -

Action

Action Completion Date -

3a. Assistant State Conservationist (FO): (Statement of follow-up actions)

Corrective Action

Action Required by Date -

Corrective Action completed or satisfactorily addressed

Review Date -

Corrective Action

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