

Critical Area Planting Checkout and Certification

Cooperator:	Field Office:	
Plan No.:	Location:	
Checkout By:	Title:	Date:

Document actual practice completion

Treatment Area	Field #	Field #	Field #	Field #
Acres Completed				
Completed Acres same as Planned	Yes No	Yes No	Yes No	Yes No
Application Date				
Application Date within range	Yes No	Yes No	Yes No	Yes No
Species Planted				
Species Planted same as planned	Yes No	Yes No	Yes No	Yes No
Mulch Applied as Planned	Yes No NA	Yes No NA	Yes No NA	Yes No NA
Applied Seeding/Planting Rate				
Applied Rate same as Planned	Yes No	Yes No	Yes No	Yes No
Soil Amendments applied as planned	Yes No	Yes No	Yes No	Yes No
Additional Considerations Applied as planned	Yes No	Yes No	Yes No	Yes No
Notes				

Signature: _____

I certify that this practice has been carried out as documented and meets standards and specifications