Subpart E - Exibits

Engineering Practices
Part - 1

Field Office _____ **Fiscal Year** _____

Practice Code - Practice Name	No. Practices Certified	No. Practices Spot Checked	Date of Spot Check	TSP (yes or no)	General Comments		
Total Practices Reported		**Total Practices Checked**			**% Spot Checked**		

Subpart E - Exibits

Engineering Practices Part - 2

Landowner	Practice Code	Amount Certified	Units	Program	Adequate Records	Meets Plans & Specs.	Date of Corrective Action (if needed)

Narrative Remarks (Condition of Practice):