

## Exhibit A - Ecological Practice Spot Check Report

Date of Report:		File Code:	CPA 450-4-5
To:	District Conservationist:	Field Office:	
cc:	AD for Field Operations:		
cc:	AD for Technology:		
From:	Spot Checker:	Date of Spot Check:	

Spot checkers will review the supporting data at the field office and conduct an onsite field check of all practices. For management practices, a client interview will also be conducted as part of the onsite field check. For structural and vegetative practices, a client interview will also be conducted, if additional information is needed.

### A. Practice and Client Information

Practice Name:		Code:		JAA Job Class:	
Client/Customer Name:		Plan Name:			
Tract No.:		Land Unit No.:		Applied Date:	
Reported by:					
Was practice applied with program funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Program:		Contract No.:	

### B. Amount Applied/Installed

Amount Reported as Applied in PRS including Units	Amount Per Spot Check including Units

### C. Spot Check Findings

	Item	Yes or No
1.	<b>Is the practice needed and practicable?</b> (Is it addressing the resource problem(s) as intended? Is it functioning well as part of the client's conservation system? ) Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<b>Are the job specifications prepared in accordance with the Standard and the Specification?</b> (Does it meet the Purpose, Conditions Where Practice Applies, Criteria, and Plans and Specifications sections in the Standard? Does it meet the Conservation Practice Specification, if available?) Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<b>Is the practice installed in accordance with the job specifications?</b> Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<b>Is the amount reported as applied correct?</b> (Does it match the spot check amount?) Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<b>Overall, is the supporting data adequate?</b> (Base finding on section D below.) Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Comments include commendable items and deficiencies, if any.

### D. Adequacy of Individual Supporting Data Items

	Item	Completed/Adequate? Yes, No, or N/A
1.	Inventory and evaluation (I&E) data needed to design the practice. (Current site conditions, extent of resource problems and goals or objectives.) Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.	I&E data approved by employee with I&E JAA. Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.	Practice location on job sketch or referenced to the cons plan map. Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.	Job specifications (Jobsheet with installation requirements, O&M requirements, and job sketch OR equivalent information, if a Jobsheet is not available for practice.) Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5.	Job specifications approved by employee with Design JAA. Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**D. Adequacy of Individual Supporting Data Items (continued)**

Item		Completed/Adequate? Answer Yes, No, or N/A
6.	Job specifications reviewed by the client. Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7.	Layout Notes. (Documentation of pre-installation assistance provided to client, if needed.) Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.	Checkout Notes. (Documentation of field check done or records obtained from the client to determine the amount installed and actual materials and methods used.) Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9.	Installation approved by employee with Implementation JAA. Comments*:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

\* Comments include commendable items and deficiencies, if any.

**E. Spot Checker's Recommendations for Correcting Deficiencies**

Including training or other actions to help prevent recurrence of deficiencies.

**F. Spot Check Report Review**

We the undersigned have reviewed this Spot Check Report:

<b>Spot Checker Signature</b>	<b>Title</b>	<b>Date</b>
	<i>District Conservationist</i>	
<b>District Conservationist Signature</b>	<b>Title</b>	<b>Date</b>

Spot checker will attach additional notes and relevant practice supporting data to this Spot Check Report. Provide copy of report and supporting data to DC, ADFO and AD Technology.

**G. Plan for Corrective Actions**

If deficiencies are found and followup actions are required, the Assistant Director for Field Operations (ADFO) will prepare a plan for corrective actions. The ADFO will work with the DC and other appropriate parties (planner, TSP, spot checker, and/or AD for Technology) to develop the plan. The plan will include agreed-to corrective action items including training; followup actions (if significant errors in quantities certified as applied are found and/or if the practice does not meet the job specifications); responsible persons and due date. The following table may be used as the plan or a separate document may be prepared and attached to this report.

Agreed-to Corrective Action Items <i>(Action Items and Responsible Persons)</i>	Date Scheduled	Date Completed	Completion Certified by (Signature)

We the undersigned agree to the Plan for Corrective Actions:

<b>Print Name</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Print Name</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>

The DC is responsible for ensuring the agreed-to items in this Plan for Corrective Action are completed. After all agreed-to items have been completed; DC will provide copy to ADFO.