# Spot Check Form

## *(Vegetative, Agronomic, or Management Practices)*

Spot Check of Practice Installation at: _____ Field Office: _____

Cooperator or Group Name: _____ Farm No.: _____ Tract No.: _____

NHCP Practice Name: _____ Practice Code: _____ Job Class: _____

Practice Cost-Shared? ☐ Yes ☐ No Date Practice Installed: _____ Farm Bill Program: CRP

Practice Installation/Application Approved By: _____ Date: _____

Is Practice Needed and Practicable? ☐ Yes ☐ No _____

Does Practice Meet NRCS Standards and Specifications? ☐ Yes ☐ No _____

**Practice Units Performed**

| Practice Component | Units | Amount | Amount Spot Checked |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Adequacy of Supporting Data**

| Required Data | Deficient | Adequate | N/A |
|---|---|---|---|
| | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ |

Explanation of Deficiencies Noted Above:

Suggested Corrective Action(s):

Attach supporting data and additional sheets, if needed. District Conservationist to forward a copy of this Spot Check report to the Area Conservationist and State Resource Conservationist.

*Spot Checker:* _____ *District Conservationist:* _____

Date: _____ Date: _____

Field Office: _____

1. Spot Checker Comments: (Include evaluation of practices, good as well as bad. If deficient, make recommendations for corrective action.)

2. District Conservationist Comments: (Include comments on follow-up actions taken, if any.)

3. Assistance State Conservationist (FO) Comments: (Statement of follow-up actions.)

**Distribution of Report**

* Original retained by DC in Field Office Spot Check File
* If deficiencies and corrective actions are needed send two copies of this form to the ASTC (FO) who will forward one copy to the SRC or SCE (or both) as appropriate.