

2EN2 Stage 2 – Historic Architecture and Landscapes
 QA Checklist for Work Products

SPOT ID/Project TIP #: _____

County: _____

Item #	Review Item	Yes	No	N/A
QA.1	PA Forms			
QA.1.1	Follow the Programmatic Agreement (PA) Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QA.1.2	Upload forms to project's SharePoint site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QA.1.3	Upload copies of forms in Annual Report folder on shared drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QA.2	Building Inventory			
QA.2.1	Follow the Historic Architecture Group Procedures and Work Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QA.2.2	Schedule review of inventory with staff and surveyor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QA.2.3	Upload completed inventory to project's SharePoint site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QA.3	Eligibility Evaluation Report			
QA.3.1	Follow the Historic Architecture Group Procedures and Work Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QA.3.2	Follow NC HPO's Historic Structure Survey Report Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QA.3.3	Upload completed report to project's SharePoint site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QA.3.4	Submit completed report to State Historic Preservation Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QA.4	Finding of Adverse Effect/MOA			
QA.4.1	Complete draft e106 and provide to Lead Federal Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have reviewed the plans for consistency with this checklist and confirmed that all items have been completed.

This checklist may not be comprehensive to every project. All items may not be applicable for smaller projects. It is the responsibility of the reviewer to ensure that an adequate review is performed.

QA Reviewer Name: _____ Date: _____

QA Reviewer (Signature): _____