

2EN2 Stage 2 – Historic Architecture and Landscapes

QC Checklist for Work Products

SPOT ID/Project TIP #: _____

County: _____

Item #	Review Item	Yes	No	N/A
QC.1	Building Inventory			
QC.1.1	Follow Scope of Work provided by NCDOT staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QC.1.2	Follow the Historic Architecture Group Procedures and Work Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QC.1.3	Participate in inventory review with NCDOT staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QC.1.4	Submit completed inventory to NCDOT staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QC.2	Eligibility Evaluation Report			
QC.2.1	Follow Scope of Work provided by NCDOT staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QC.2.2	Follow the Historic Architecture Group Procedures and Work Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QC.2.3	Follow NC HPO's Historic Structure Survey Report Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QC.2.4	Submit completed report to NCDOT staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QC.3	Mitigation Documentation			
QC.3.1	Follow Scope of Work provided by NCDOT staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QC.3.2	Follow NC HPO's Practical Advice for Recording Historic Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QC.3.3	Submit completed documentation to NCDOT staff	<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.

QC Reviewer Name: _____ Date: _____

QC Reviewer (Signature): _____