

## 2EN2.3 Stage 2 - Traffic Noise and Air Quality

### QA Checklist for AIR QUALITY REPORT

SPOT ID/Project TIP #: \_\_\_\_\_

County: \_\_\_\_\_

Note: This QA checklist is for the initial submittal only. For subsequent submittals, the Comment/Response matrix will serve as QA checklist.

Item #	Review Item	Yes	No	N/A
QA.0	Appropriate QC has taken place (all applicable State and Federal regulations, standards, and policies are met and all calculations, designs, reports, etc. are complete, accurate and reasonable.)			
<b>QA.1</b>	<b>Reporting</b>			
QA.1.1	Prepared by an individual prequalified with NCDOT to conduct a project-level air quality analysis			
QA.1.2	Air Quality Report Template has been followed.			
QA1.2.1	For projects in nonattainment or maintenance areas, includes appropriate transportation conformity statement(s).			
QA.1.2.2	Clearly states whether the project is considered an exempt project or a project of no meaningful potential MSAT effects, and whether the air quality assessment includes a qualitative MSAT analysis.			
QA.1.2.3	Reflects the most recent FHWA guidance and MSAT Emission Trends Graph (January 18, 2023, Updated Interim Guidance on Mobile Source Air Toxic Analysis in NEPA Documents and 2020-2060 Trends Graph)			
QA.1.2.4	Indicates whether project falls under MSAT Category 1, 2, or 3 and uses the correct prototype language.			
QA.1.2.5	For federal projects not being processed as a CE with a design year AADT over 140,000, FHWA and NCDOT TNAQ have been consulted regarding need for a quantitative MSAT analysis.			
<b>QA.2</b>	<b>Figures</b>			
QA.2.1	Includes a vicinity map and map of project alternatives, if applicable.			

For items marked NO or N/A that require further explanation, provide comments or action items in the table below.

Item #	Comments and Action Items

*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.*

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

QA Reviewer Name: \_\_\_\_\_ Date: \_\_\_\_\_

QA Reviewer (Signature): \_\_\_\_\_