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| --- | --- | --- | --- | --- | --- | --- |
| **Project TIP No.:** | | Click or tap here to enter text. | | **Mission ID:** | | Click or tap here to enter text. |
| **County:** | Click or tap here to enter text. | | |  | | |
| **Engineer of Record:** | | | Click or tap here to enter text. | |  | |

1PH2 Compile Aerial Photography and Mapping

| **Item #** | **Review Item** | **Acceptable** | **Unacceptable** | **N/A** |
| --- | --- | --- | --- | --- |
|  | QC Completed for Controlled Aerial Photography |  |  |  |
|  | QC Completed for Photogrammetric Mapping Supporting Files |  |  |  |
|  | QC Completed for Large Scale Planimetric Mapping |  |  |  |
|  | QC Completed for Digital Imagery |  |  |  |
|  | QC Completed for Airborne Survey Report |  |  |  |
|  | QC confirms the Engineer of Record has complied with NCGS § 133-3 and NCDOT policy number F.25.0101 or indicates that these requirements are not applicable |  |  |  |

*For items marked* ***Unacceptable****, provide comments or action items in the table below.*

| **Item #** | **Comments and Action Items** |
| --- | --- |
| Click to edit. | Click to edit. |

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

“As the signed reviewer below, I have reviewed the deliverables for consistency with this checklist and confirm that all applicable items have been satisfactorily completed and additional items not listed in the checklist are also appropriate and complete.”

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| QA Reviewer (Name): | Click or tap here to enter text. | | Date: | | Click or tap here to enter text. |
|  |  | | |  |  |
| QA Reviewer (Signature): | |  | | | |