|  |  |
| --- | --- |
| **SPOT ID/Project TIP #:** | Click to edit. |
| **County:** | Click to edit. |

1PH1 Best Available Geospatial Data

| **Item #** | **Review Item** | **Acceptable** | **Unacceptable** | **N/A** |
| --- | --- | --- | --- | --- |
|  | QC Completed for Orthoimagery |  |  |  |
|  | QC Completed Elevation Data |  |  |  |
|  | QC Completed for County GIS Property Data |  |  |  |
|  | QC Completed for Small-Scale Topographic Mapping |  |  |  |

*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): | |  | | | |