|  |  |
| --- | --- |
| **SPOT ID/Project TIP #:** | Click or tap here to enter text. |
| **County:** | Click or tap here to enter text. |

1PH1 Best Available Geospatial Data

| **Item #** | **Review Item** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- | --- |
|  | **Review of Orthoimagery** |  |  |  |
|  | Imagery is most current available |  |  |  |
|  | Imagery has full coverage |  |  |  |
|  | Imagery is geospatially located correctly |  |  |  |
|  | Imagery is named correctly |  |  |  |
|  | Imagery has correct file format and compression |  |  |  |
|  | Imagery has the correct ground sample distance (GSD) |  |  |  |
|  | Any miscellaneous Items |  |  |  |
|  | Delivery of Geospatial Data |  |  |  |
|  | Transmittal of best available geospatial data |  |  |  |
|  | DocuSign of transmittal of best available geospatial data |  |  |  |
|  | Email notification of transmittal of best available geospatial data |  |  |  |
|  | **Review of Elevation Data** |  |  |  |
|  | Elevation data is most current available |  |  |  |
|  | Elevation data has full coverage |  |  |  |
|  | Elevation data is geospatially located correctly |  |  |  |
|  | Elevation data is named correctly |  |  |  |
|  | Elevation data is in the correct file format |  |  |  |
|  | Elevation data is on correct levels |  |  |  |
|  | Any miscellaneous Items |  |  |  |
|  | Delivery of Geospatial Data |  |  |  |
|  | Transmittal of best available geospatial data |  |  |  |
|  | DocuSign of transmittal of best available geospatial data |  |  |  |
|  | Email notification of transmittal of best available geospatial data |  |  |  |
|  | **Review of County GIS Property Data** |  |  |  |
|  | County property data is most current available |  |  |  |
|  | County property data has full coverage |  |  |  |
|  | County property data is geospatially located correctly |  |  |  |
|  | County property data is named correctly |  |  |  |
|  | County property data is in the correct file format |  |  |  |
|  | County property data is on correct levels |  |  |  |
|  | Parcel data polygons are closed |  |  |  |
|  | Right of Way (ROW) lines accurately tie |  |  |  |
|  | Property owner identification |  |  |  |
|  | County property data matches at county boundaries (multiple counties) |  |  |  |
|  | Any miscellaneous Items |  |  |  |
|  | Delivery of Geospatial Data |  |  |  |
|  | Transmittal of best available geospatial data |  |  |  |
|  | DocuSign of transmittal of best available geospatial data |  |  |  |
|  | Email notification of transmittal of best available geospatial data |  |  |  |
|  | **Review of Small-Scale Topographic Mapping** |  |  |  |
|  | (ST) Shell Topographic mapping (Project or corridor specific graphic planimetric mapping and includes no planimetric feature classification or ground surveyed data) |  |  |  |
|  | (T) Topographic mapping (Project or corridor specific graphic planimetric mapping and includes planimetric feature classification but no ground surveyed data) |  |  |  |
|  | (DEM) Digital Elevation Model (includes photogrammetric elevation data with or without limited break lines. May or may not include LiDAR derived elevation data, low confidence delineation boundaries and obscured area delineation boundaries. Does not include ground surveyed data.) |  |  |  |
|  | (M) Digital Mosaic (Orthorectified imagery using best available elevation data and Post Processed Airborne GNSS-IMU data. May or may not use Aerial Triangulation Exterior Orientation [ATEO].) |  |  |  |
|  | Delivery of Mapping Product |  |  |  |
|  | Transmittal of Mapping Product |  |  |  |
|  | DocuSign of transmittal of Mapping Product |  |  |  |
|  | Email notification of transmittal of Mapping Product |  |  |  |

*For items marked* ***No*** *that require further explanation, 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): | |  | | | |