

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
POST COMPLETION SELF INSPECTION REPORT



INDICATE APPLICABLE GRANT PROGRAM: _____ LPRF _____ LWCF _____ NRTF _____ RTP
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Grantee:	Date of this Inspection:
Grantee's Address:	Grant Number:
Grantee's Contact:	Phone Number: ()
Title:	Fax Number: ()
	E-Mail:
Park Name:	Previous Inspection Date:
	Inspection Type: _____
	Inspector:
County:	Grant Number(s) of Previous Grants at Same Site:
Grant Term:	Funded Amount:
Project Scope:	

FINDINGS: (If applicable check and provide comments)	Yes	No
1. All facilities and elements in the project scope are present and operating.		
2. Boundary map markers are established and/or visible.		
3. Property is being used for its intended purposes (e.g., no conversions, no exclusive use, and cables are buried underground).		
4. Property is maintained so as to be attractive and inviting to the public.		
5. Site is kept in reasonably safe repair and condition.		
6. Staffing and servicing of facilities and/or programs appear to be adequate.		

7. Site is open to the public year round during reasonable hours.		
8. Area is properly signed to allow for user information, safety, and scheduling.		
9. Required grant acknowledgement sign is posted at the park.		
10. Required Title VI and Section 504 signs are posted: (Check appropriate box(es)). at the park _____ at the park office _____ at courthouse _____		
11. No evidence of discrimination was observed (Title VI, handicapped and/or non-residents).		
12. Facilities are open and to all persons regardless of race, sex, age, ability level or residency.		
13. Facilities and programs are accessible to persons with disabilities.		
14. Fees and/or reservation system are in compliance with grant standards (fees charged to non-residents cannot exceed twice the amount charged to residents).		

List any special comment or any circumstances about this project (i.e., pre-existing wiring, easements, facilities, approved conversions, etc.):

The following items marked must be submitted to RES by the grantee: (To be completed by TDEC/RES.)

Current boundary map _____

Survey _____

Next Inspection Due Date (Year): _____

For TDEC RES Only

TDEC/RES Inspector: _____
Signature Date

Reviewed In-house _____ On-site inspection _____
Date Date

Filed by: _____
Signature Title Date

cc: National Park Service (if applicable),
Grantee