**SCDOT NEPA Quality Assurance Form**

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| Project Number: | |  | |
| Project Name: | |  | |
| Project County Location and RPG: | |  | |
| NEPA Document Type (CE/EA/EIS): | |  | |
|  | | | |
| Technical Review: | **Person Responsible (Signed)** | | **Date Review Completed** |
|  | |  |
| Comments: | | | |
|  |  | |  |
| Readability Review: | **Person Responsible (Signed)** | | **Date Review Completed** |
|  | |  |
| Comments: | | | |
|  |  | |  |
| SCDOT Review: | **Person Responsible (Signed)** | | **Date Review Completed** |
|  | |  |
| Comments: | | | |

By signing this review form, I am certifying that this document has been reviewed to the best of my ability. Should **major revisions** be needed, it will be my responsibility to revise this document without additional costs to the project. **(NEED TO DEFINE MAJOR REVISIONS)**