**SCDOT NEPA Quality Assurance Form**

|  |  |
| --- | --- |
| 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)**