



Texas Division of Emergency Management Site Inspection Report

Inspection Date:		Program:	
Disaster/Grant:		Project #:	
Project Title:			
Applicant:			
Contact Name:		Phone:	
Contact Email:			

Final Inspection?	Yes	No	
Is this a Progress Inspection?	Yes	No	Date

Certificate of Completion Date:	
Category/Type:	

FEMA Project Amount: (Eligible Amount)		Amount Claimed by Applicant:	
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PA Use Only					
Does PA Project Include Hazard Mitigation?	Yes	No	N/A		
Project Size:	Small	Large			

Narrative:	
<p>On XX,XX,XXXX, met with < Name >, < title >, to perform a visual site inspection of <DR-XXXX>, < PWXXXXXX >, < PW title >. The in-person site visit confirmed that the SOW was completed per the specifications listed in the Project Worksheet as follows:</p> <p>< insert SOW from site inspection checklist >.</p>	

Site Inspector:

Name:	
Title:	
Print Name:	

**TEXAS DIVISION OF EMERGENCY MANAGEMENT
SCOPE OF WORK CHECKLIST**

Inspector:		Date:		Disaster/Grant:	
Applicant:				Project #:	

Verified?¹	Scope of Work Line Items
<input type="checkbox"/> YES <input type="checkbox"/> NO	1.
<input type="checkbox"/> YES <input type="checkbox"/> NO	2.
<input type="checkbox"/> YES <input type="checkbox"/> NO	3.
<input type="checkbox"/> YES <input type="checkbox"/> NO	4.
<input type="checkbox"/> YES <input type="checkbox"/> NO	5.
<input type="checkbox"/> YES <input type="checkbox"/> NO	6.
<input type="checkbox"/> YES <input type="checkbox"/> NO	7.
<input type="checkbox"/> YES <input type="checkbox"/> NO	8.
<input type="checkbox"/> YES <input type="checkbox"/> NO	9.
<input type="checkbox"/> YES <input type="checkbox"/> NO	10.
<input type="checkbox"/> YES <input type="checkbox"/> NO	11.
<input type="checkbox"/> YES <input type="checkbox"/> NO	12.
<input type="checkbox"/> YES <input type="checkbox"/> NO	13.
<input type="checkbox"/> YES <input type="checkbox"/> NO	14.
<input type="checkbox"/> YES <input type="checkbox"/> NO	15.
<input type="checkbox"/> YES <input type="checkbox"/> NO	16.
<input type="checkbox"/> YES <input type="checkbox"/> NO	17.
<input type="checkbox"/> YES <input type="checkbox"/> NO	18.
<input type="checkbox"/> YES <input type="checkbox"/> NO	19.
<input type="checkbox"/> YES <input type="checkbox"/> NO	20.
<input type="checkbox"/> YES <input type="checkbox"/> NO	21.
<input type="checkbox"/> YES <input type="checkbox"/> NO	22.
<input type="checkbox"/> YES <input type="checkbox"/> NO	23.
<input type="checkbox"/> YES <input type="checkbox"/> NO	24.
<input type="checkbox"/> YES <input type="checkbox"/> NO	25.
<input type="checkbox"/> YES <input type="checkbox"/> NO	26.
<input type="checkbox"/> YES <input type="checkbox"/> NO	27.
<input type="checkbox"/> YES <input type="checkbox"/> NO	28.
<input type="checkbox"/> YES <input type="checkbox"/> NO	29.
<input type="checkbox"/> YES <input type="checkbox"/> NO	30.
<input type="checkbox"/> YES <input type="checkbox"/> NO	31.
<input type="checkbox"/> YES <input type="checkbox"/> NO	32.
<input type="checkbox"/> YES <input type="checkbox"/> NO	33.
<input type="checkbox"/> YES <input type="checkbox"/> NO	34.

¹ Comments for any unverified items should be documented on the Site Inspection Report Form. Insert additional fields as needed.

Applicant:							
Grant/Disaster:		Project #:		Inspection Date:		Category/Type:	

**Add Description under Picture*









