

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Daniel McKinnon		3. DATE ACTIVITY COMPLETED 2018-10-31	
4. PROJECT NAME Parcel 3 Inner fence	5. PROJECT LOCATION McKinley County, Gallup NM	6. WEATHER CONDITIONS 29/59 Partly Cloudy	
7. CONTRACTOR AECOM Technical Services, Inc		8. CONTRACT NUMBER W912BV-16-C-0033	9. T.O. NUMBER
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/> a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/> b. Design Center		
<input type="checkbox"/> c. Remedial Action District TM	<input type="checkbox"/> d. Contractor		
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations			
13. RESULTS AND OBSERVATIONS The following 16 HWMU grids: A9, A10, A11, A12, B9, B10, B11, B12, B13, B14, C9, C10, C11, C12, C13, and C14 equaling 52,709.46 Cy have met the requirements for final backfilling, compaction, grading, positive drainage, and vegetative seeding. The inspection results for these sixteen grids are IAW PWS and 401/404 permit. -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify			
15. DATE 2018-11-01		16. USACE REPRESENTATIVE'S SIGNATURE MCKINNON.DANIEL.MATTHEW.1076240686 <small>Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, ou=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.11.01 15:53:31 -0600</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2018-11-01
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Robert Hood <small>Digitally signed by Robert Hood Date: 2018.11.01 15:48:43 -0600</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2018-11-01	(4) Signature Robert Hood <small>Digitally signed by Robert Hood Date: 2018.11.01 15:49:10 -0600</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Gary J Wolover		3. DATE ACTIVITY COMPLETED 2018-12-03	
4. PROJECT NAME HWMU, Parcel 3 Inner Fence	5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS Lo 5 Hi 35 Partly cloudy
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	N/A
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers		<input type="checkbox"/> b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM		<input type="checkbox"/> d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations.			
13. RESULTS AND OBSERVATIONS The following 1 HWMU grid A13 equaling 18 Cy have met the requirements for backfilling, compaction, grading, positive drainage, and vegetative seeding. The inspection results for this one grid is IAW PWS and 401/404 Permit. -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify			
15. DATE 2018-12-03		16. USACE REPRESENTATIVE'S SIGNATURE WOLOVER.GARY.JOSEPH.1165635180 <small>Digitally signed by WOLOVER.GARY.JOSEPH.1165635180 DN: c=US, ou=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=WOLOVER.GARY.JOSEPH.1165635180 Date: 2018.12.03 22:27:31 -0700</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2018-12-04
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Robert Hood <small>Digitally signed by Robert Hood Date: 2018.12.04 11:48:15 -0700</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2018-12-04	(4) Signature Robert Hood <small>Digitally signed by Robert Hood Date: 2018.12.04 11:48:44 -0700</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd		3. DATE ACTIVITY COMPLETED 2018-12-19	
4. PROJECT NAME Parcel 3 inner fence	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 38/69 Sunny/clear	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations.			
13. RESULTS AND OBSERVATIONS The following 7 grids: IF-Q4, IF-Q7, IF-Q8, B15, B16, C15, and C16 equaling 16,961.05 cubic yards have meet the requirements for final backfilling, compaction, grading, positive drainage, and vegetative seeding. The inspection results for these seven grids are IAW PWS and 401/404 permit. -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2018-12-19		16. USACE REPRESENTATIVE'S SIGNATURE SHEPHERD.CHARLES.LEE.JR.1054293301 <small>Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, ou=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.12.19 08:30:49 -0700</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2018-12-19
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Robert Hood <small>Digitally signed by Robert Hood Date: 2018.12.19 10:27:34 -0700</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2018-12-19	(4) Signature Robert Hood <small>Digitally signed by Robert Hood Date: 2018.12.19 10:27:59 -0700</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Michael Slavens		3. DATE ACTIVITY COMPLETED 2019-10-01	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 45/74, Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. C17, C18, C19, C20, B17, B18, IF-S7, IF-T7. * IF is "HWMU like" grids* -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2019-10-01		16. USACE REPRESENTATIVE'S SIGNATURE SLAVENS.MICHAEL.RAY.1177947284 <small>Digitally signed by SLAVENS.MICHAEL.RAY.1177947284 Date: 2019.10.01 15:28:01 -0600'</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2019-10-02
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Robert Hood <small>Digitally signed by Robert Hood Date: 2019.10.02 09:47:32 -0600'</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2019-10-02	(4) Signature Robert Hood <small>Digitally signed by Robert Hood Date: 2019.10.02 09:48:05 -0600'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

Large empty rectangular area for providing details or signatures.

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd		3. DATE ACTIVITY COMPLETED 2019-10-31	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 4/48 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. D17, D18, D19, D20. -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2019-10-31		16. USACE REPRESENTATIVE'S SIGNATURE SHEPHERD.CHARLES.LEE.JR.1054293301 <small>Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.10.31 16:00:45 -0600'</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2019-10-31
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Robert Hood <small>Digitally signed by Robert Hood Date: 2019.10.31 16:19:28 -0600'</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2019-10-31	(4) Signature Robert Hood <small>Digitally signed by Robert Hood Date: 2019.10.31 16:19:58 -0600'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))		
2. USACE REPRESENTATIVE'S NAME Michael Slavens		3. DATE ACTIVITY COMPLETED 2019-11-05		
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS 19/64, Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033		9. T.O. NUMBER
10. DISTRIBUTED TO (check boxes and insert individual's name)				
<input type="checkbox"/>	a. District Program/Project Manager Steve Smith/Alan Soicher		<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM		<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)				
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.				
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. D13, D14, D15, D16. -----Nothing follows-----				
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor				
<input type="checkbox"/> e. Other, Specify QA Inspection				
15. DATE 2019-11-05		16. USACE REPRESENTATIVE'S SIGNATURE SLAVENS.MICHAEL.RAY.1177947284 <small>Digitally signed by SLAVENS.MICHAEL.RAY.1177947284 Date: 2019.11.05 14:17:02 -0700</small>		
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2019-11-05	
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Robert Hood <small>Digitally signed by Robert Hood Date: 2019.11.05 14:31:50 -0700</small>				
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.				
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).				
b. Contractor Representative's Authentication (form must be signed before returning)				
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2019-11-05	(4) Signature Robert Hood	<small>Digitally signed by Robert Hood Date: 2019.11.05 14:32:50 -0700</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)				
d. Government Actions (reduced payment, cure notice, show cause, other)				
e. Close Out				
	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd		3. DATE ACTIVITY COMPLETED 2020-01-17	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 13/41 Frozen mix	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. C10, D10 -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2020-01-17		16. USACE REPRESENTATIVE'S SIGNATURE SHEPHERD.CHARLES.LEE.1054293301 <small>Digitally signed by SHEPHERD.CHARLES.LEE.1054293301 Date: 2020.01.17 08:12:45 -0700</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2020-01-17
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Robert Hood <small>Digitally signed by Robert Hood DN: cn=Robert Hood, ou=AECOM, email=robert.hood@aecom.com, o=US Date: 2020.01.17 08:25:23 -0700</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2020-01-17	(4) Signature Robert Hood <small>Digitally signed by Robert Hood DN: cn=Robert Hood, ou=AECOM, email=robert.hood@aecom.com, o=US Date: 2020.01.17 08:26:36 -0700</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Daniel McKinnon		3. DATE ACTIVITY COMPLETED 2020-01-24	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 25/30 Partly Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. D11, D12. -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2020-01-24		16. USACE REPRESENTATIVE'S SIGNATURE MCKINNON.DANIEL.MATTHEW.1076240686 <small>Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2020.01.24 10:58:39 -0700</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2020-01-24
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert DN: cn=Hood, Robert, o=AECOM, email=robert.hood@aecom.com, c=US Date: 2020.01.24 11:18:19 -0700</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2020-01-24	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert DN: cn=Hood, Robert, o=AECOM, email=robert.hood@aecom.com, c=US Date: 2020.01.24 11:19:04 -0700</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd		3. DATE ACTIVITY COMPLETED 2020-06-25	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 62/93 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. H7, H8, H9, G7, G8, F7,F8 -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2020-06-25		16. USACE REPRESENTATIVE'S SIGNATURE SHEPHERD.CHARLES.LEE.1054293301 <small>Digitally signed by SHEPHERD.CHARLES.LEE.1054293301 Date: 2020.06.25 16:04:21 -0600'</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2020-06-25
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2020.06.25 18:10:36 -0600'</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2020-06-25	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert Date: 2020.06.25 18:11:21 -0600'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

Large empty rectangular area for additional information or signatures.

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd		3. DATE ACTIVITY COMPLETED 2020-08-03	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 63/93 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. D7, D8, D9, E7, E8, E9, F9, G9 -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2020-08-03		16. USACE REPRESENTATIVE'S SIGNATURE SHEPHERD.CHARLES.LEE.1054293301 <small>Digitally signed by SHEPHERD.CHARLES.LEE.1054293301 Date: 2020.08.03 16:56:30 -0600'</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2020-08-03
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2020.08.03 19:00:54 -0600'</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2020-08-03	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert Date: 2020.08.03 19:01:39 -0600'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd		3. DATE ACTIVITY COMPLETED 2020-09-24	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 47/91 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. B 21, B 22, C 21, C 22, D 21, Inner Fence grid V-5. -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2020-09-24		16. USACE REPRESENTATIVE'S SIGNATURE SHEPHERD.CHARLES.LEE.1054293301 <small>Digitally signed by SHEPHERD.CHARLES.LEE.1054293301 Date: 2020.09.24 16:00:25 -0600'</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2020-09-24
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2020.09.25 11:03:12 -0600'</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2020-09-24	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert Date: 2020.09.25 11:04:02 -0600'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Jeff Harrington		3. DATE ACTIVITY COMPLETED 2020-12-02	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 6/41 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. E21, E22, F21, F22 -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2020-08-03		16. USACE REPRESENTATIVE'S SIGNATURE HARRINGTON.JEFFERY.WAYNE.1115007730 <small>Digitally signed by HARRINGTON.JEFFERY.WAYNE.1115007730 Date: 2020.12.03 08:51:03 -0700'</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2020-12-03
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2020.12.03 09:02:50 -0700'</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2020-12-03	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert Date: 2020.12.03 09:05:14 -0700'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

Large empty rectangular area for providing details or signatures.

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Jeff Harrington		3. DATE ACTIVITY COMPLETED 2020-11-03	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 37/68 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. D22 -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2020-12-04		16. USACE REPRESENTATIVE'S SIGNATURE HARRINGTON.JEFFERY.WAYNE.1115007730 <small>Digitally signed by HARRINGTON.JEFFERY.WAYNE.1115007730 Date: 2020.12.04 13:42:06 -0700'</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2020-12-04
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2020.12.04 14:12:25 -0700'</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2020-12-04	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert Date: 2020.12.04 14:12:59 -0700'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

Large empty rectangular area for providing details or signatures.

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd		3. DATE ACTIVITY COMPLETED 2021-05-05	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 37/71 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033	9. T.O. NUMBER
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/> a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/> b. Design Center		
<input type="checkbox"/> c. Remedial Action District TM	<input type="checkbox"/> d. Contractor		
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. H22, G20, F20, E20, D20(a), F19, E19, D19(a), D18(a), D17(a). -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2021-05-05		16. USACE REPRESENTATIVE'S SIGNATURE SHEPHERD.CHARLES.LEE.1054293301 <small>Digitally signed by SHEPHERD.CHARLES.LEE.1054293301 Date: 2021.05.05 09:27:53 -0600'</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2021-05-05
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.05.05 10:09:05 -0600'</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2021-05-05	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.05.05 10:10:57 -0600'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))		
2. USACE REPRESENTATIVE'S NAME Michael Slavens		3. DATE ACTIVITY COMPLETED 2021-02-27		
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS 21/52, Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033		
		9. T.O. NUMBER		
10. DISTRIBUTED TO (check boxes and insert individual's name)				
<input checked="" type="checkbox"/>	a. District Program/Project Manager Saqib Khan		<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM		<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)				
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.				
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. G21, G22.				
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor				
<input type="checkbox"/> e. Other, Specify				
15. DATE 2021-03-01		16. USACE REPRESENTATIVE'S SIGNATURE SLAVENS.MICHAEL.RAY.1177947284 <small>Digitally signed by SLAVENS.MICHAEL.RAY.1177947284 Date: 2021.03.01 10:27:18 -0700</small>		
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood				18. DATE 2021-03-01
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.03.01 11:04:55 -0700</small>				
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.				
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).				
b. Contractor Representative's Authentication (form must be signed before returning)				
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2021-03-01	(4) Signature Hood, Robert	<small>Digitally signed by Hood, Robert Date: 2021.03.01 11:06:01 -0700</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)				
d. Government Actions (reduced payment, cure notice, show cause, other)				
e. Close Out				
	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd		3. DATE ACTIVITY COMPLETED 2021-05-24	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 37/71 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. B19, H20, H21. -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2021-05-24		16. USACE REPRESENTATIVE'S SIGNATURE SHEPHERD.CHARLES.LEE.1054293301 <small>Digitally signed by SHEPHERD.CHARLES.LEE.1054293301 Date: 2021.05.25 10:39:54 -06'00'</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2021-05-25
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.05.25 10:52:06 -06'00'</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2021-05-25	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.05.25 10:53:20 -06'00'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

Large empty rectangular area for additional information or notes.

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd		3. DATE ACTIVITY COMPLETED 2021-05-05	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 37/71 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. H22, G20, F20, E20, D20(a), F19, E19, D19(a), D18(a), D17(a). -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2021-05-05		16. USACE REPRESENTATIVE'S SIGNATURE SHEPHERD.CHARLES.LEE.1054293301 <small>Digitally signed by SHEPHERD.CHARLES.LEE.1054293301 Date: 2021.05.05 09:27:53 -0600'</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2021-05-05
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.05.05 10:09:05 -0600'</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2021-05-05	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.05.05 10:10:57 -0600'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd		3. DATE ACTIVITY COMPLETED 2021-05-27	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 37/71 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Steve Smith/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. E18. -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2021-05-28		16. USACE REPRESENTATIVE'S SIGNATURE SHEPHERD.CHARLES.LEE.1054293301 <small>Digitally signed by SHEPHERD.CHARLES.LEE.1054293301 Date: 2021.05.28 09:04:19 -0600'</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2021-05-28
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.05.28 10:47:32 -0600'</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2021-05-28	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.05.28 10:50:08 -0600'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))		
2. USACE REPRESENTATIVE'S NAME Tim Bohannon		3. DATE ACTIVITY COMPLETED 2021-07-07		
4. PROJECT NAME FWDA Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS 65/92 Partly Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033		
		9. T.O. NUMBER		
10. DISTRIBUTED TO (check boxes and insert individual's name)				
<input checked="" type="checkbox"/>	a. District Program/Project Manager Mike Falcone/DJ Myers		<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM		<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)				
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observation/inspection of completed work.				
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: I20, I21 & E17. /-----Nothing Follows-----/				
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor				
<input type="checkbox"/> e. Other, Specify QAR Only				
15. DATE 2021-07-22		16. USACE REPRESENTATIVE'S SIGNATURE BOHANNON.TIMOTHY.PATRICK.1203953760 <small>Digitally signed by BOHANNON.TIMOTHY.PATRICK.1203953760 Date: 2021.07.22 13:41:47 -0600'</small>		
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2021-07-28	
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.07.28 13:40:51 -0600'</small>				
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.				
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).				
b. Contractor Representative's Authentication (form must be signed before returning)				
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2021-07-28	(4) Signature Hood, Robert	<small>Digitally signed by Hood, Robert Date: 2021.07.28 13:42:04 -0600'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)				
d. Government Actions (reduced payment, cure notice, show cause, other)				
e. Close Out				
	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))		
2. USACE REPRESENTATIVE'S NAME Tim Bohannon		3. DATE ACTIVITY COMPLETED 2021-07-29		
4. PROJECT NAME FWDA Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS 69/86 Partly Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033		
		9. T.O. NUMBER		
10. DISTRIBUTED TO (check boxes and insert individual's name)				
<input checked="" type="checkbox"/>	a. District Program/Project Manager Mike Falcone/DJ Myers		<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM		<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)				
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observation/inspection of completed work.				
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: F18, G18 & G19. /-----Nothing Follows-----/				
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor				
<input type="checkbox"/> e. Other, Specify QAR Only				
15. DATE 2021-07-29		16. USACE REPRESENTATIVE'S SIGNATURE BOHANNON.TIMOTHY.PATRICK.1203953760 <small>Digitally signed by BOHANNON.TIMOTHY.PATRICK.1203953760 Date: 2021.07.29 11:38:03 -0600</small>		
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2021-07-29	
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.07.29 12:46:57 -0600</small>				
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.				
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).				
b. Contractor Representative's Authentication (form must be signed before returning)				
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2021-07-29	(4) Signature Hood, Robert	<small>Digitally signed by Hood, Robert Date: 2021.07.29 12:47:29 -0600</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)				
d. Government Actions (reduced payment, cure notice, show cause, other)				
e. Close Out				
	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd		3. DATE ACTIVITY COMPLETED 2021-08-30	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 68/92 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Mike Falcone/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. H17, G17, F17, E16. -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2021-08-30		16. USACE REPRESENTATIVE'S SIGNATURE SHEPHERD.CHARLES.LEE.1054293301 <small>Digitally signed by SHEPHERD.CHARLES.LEE.1054293301 Date: 2021.08.30 09:01:47 -0600'</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2021-08-30
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.08.30 10:03:57 -0600'</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2021-08-30	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.08.30 10:04:45 -0600'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))		
2. USACE REPRESENTATIVE'S NAME Michael Hernandez		3. DATE ACTIVITY COMPLETED 2021-08-23		
4. PROJECT NAME FWDA Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS 69/86 Partly Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033		9. T.O. NUMBER
10. DISTRIBUTED TO (check boxes and insert individual's name)				
<input checked="" type="checkbox"/> a. District Program/Project Manager	Mike Falcone/DJ Myers	<input type="checkbox"/> b. Design Center		
<input type="checkbox"/> c. Remedial Action District TM		<input type="checkbox"/> d. Contractor		
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)				
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observation/inspection of completed work.				
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: H18 & H19. /-----Nothing Follows-----/				
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor				
<input type="checkbox"/> e. Other, Specify QAR Only				
15. DATE 2021-08-23		16. USACE REPRESENTATIVE'S SIGNATURE HERNANDEZ.MICHAEL.R.1155991263 Digitally signed by HERNANDEZ.MICHAEL.R.1155991263 Date: 2021.08.23 16:18:13 -06'00'		
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2021-08-21	
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert Digitally signed by Hood, Robert Date: 2021.08.23 16:42:14 -06'00'				
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.				
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).				
b. Contractor Representative's Authentication (form must be signed before returning)				
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2021-08-23	(4) Signature Hood, Robert	Digitally signed by Hood, Robert Date: 2021.08.23 16:41:38 -06'00'
c. Government Evaluation (acceptance, partial acceptance, etc.)				
d. Government Actions (reduced payment, cure notice, show cause, other)				
e. Close Out				
	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))		
2. USACE REPRESENTATIVE'S NAME Eric Stoneking		3. DATE ACTIVITY COMPLETED 2021-11-06		
4. PROJECT NAME FWDA Parcel 3, HWMU		5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS 38/69 Sunny
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033		9. T.O. NUMBER
10. DISTRIBUTED TO (check boxes and insert individual's name)				
<input checked="" type="checkbox"/>	a. District Program/Project Manager Michael Falcone/DJ Myers		<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM		<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)				
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observation/inspection of completed work.				
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: H-16, H-15, G-16, G-15 /-----Nothing Follows-----/				
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor				
<input type="checkbox"/> e. Other, Specify				
15. DATE 2021-11-08		16. USACE REPRESENTATIVE'S SIGNATURE STONEKING.ERIC.B.1091435353 <small>Digitally signed by STONEKING.ERIC.B.1091435353 Date: 2021.11.08 08:10:39 -0700'</small>		
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood				18. DATE 2021-11-08
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.11.08 13:07:37 -0700'</small>				
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.				
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).				
b. Contractor Representative's Authentication (form must be signed before returning)				
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2021-11-08	(4) Signature Hood, Robert	<small>Digitally signed by Hood, Robert Date: 2021.11.08 13:09:10 -0700'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)				
d. Government Actions (reduced payment, cure notice, show cause, other)				
e. Close Out				
	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd		3. DATE ACTIVITY COMPLETED 2021-12-14	
4. PROJECT NAME Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM	6. WEATHER CONDITIONS 30/52 partly cloudy	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER	W912BV-16-C-0033
		9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)			
<input checked="" type="checkbox"/>	a. District Program/Project Manager Mike Falcone/DJ Myers	<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM	<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)			
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observations/inspections of completed work.			
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan, Table 4-1, for completion. E15, E16B, F15, F16, G14, H14. -----Nothing follows-----			
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor			
<input type="checkbox"/> e. Other, Specify QAR only			
15. DATE 2021-12-14		16. USACE REPRESENTATIVE'S SIGNATURE SHEPHERD.CHARLES.LEE.1054293301 <small>Digitally signed by SHEPHERD.CHARLES.LEE.1054293301 Date: 2021.12.14 14:31:22 -0700'</small>	
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2021-12-14
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.12.14 15:09:02 -0700'</small>			
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.			
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).			
b. Contractor Representative's Authentication (form must be signed before returning)			
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2021-12-14	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert Date: 2021.12.14 15:09:42 -0700'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)			
d. Government Actions (reduced payment, cure notice, show cause, other)			

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.)) 240,522		
2. USACE REPRESENTATIVE'S NAME Shawn Meek		3. DATE ACTIVITY COMPLETED 2022-05-24		
4. PROJECT NAME FWDA Parcel 3, HWMU		5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS 38/69 Sunny
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033		
		9. T.O. NUMBER		
10. DISTRIBUTED TO (check boxes and insert individual's name)				
<input checked="" type="checkbox"/>	a. District Program/Project Manager Alan Soicher		<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM		<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)				
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observation/inspection of completed work.				
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: E-13, F-13, G-13, H-13, E-14 and F-14 /-----Nothing Follows-----/				
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor <input type="checkbox"/> e. Other, Specify				
15. DATE 2022-05-24		16. USACE REPRESENTATIVE'S SIGNATURE MEEK.SHAWN.MICHAEL.1115801739 <small>Digitally signed by MEEK SHAWN.MICHAEL.1115801739 Date: 2022.05.24 12:13:05 -0600'</small>		
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood				18. DATE 2022-05-24
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2022.05.24 13:04:06 -0600'</small>				
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.				
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).				
b. Contractor Representative's Authentication (form must be signed before returning)				
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2022-05-24	(4) Signature Hood, Robert	<small>Digitally signed by Hood, Robert Date: 2022.05.24 13:05:32 -0600'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)				
d. Government Actions (reduced payment, cure notice, show cause, other)				
e. Close Out				
	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))		
2. USACE REPRESENTATIVE'S NAME Adam Troy Bryant		3. DATE ACTIVITY COMPLETED 2022-06-17		
4. PROJECT NAME FWDA Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS 59/87 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033		9. T.O. NUMBER
10. DISTRIBUTED TO (check boxes and insert individual's name)				
<input checked="" type="checkbox"/>	a. District Program/Project Manager Alan Soicher		<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM		<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)				
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observation/inspection of completed work.				
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: E-10, E-11, E-12, F-10, F-11, F-12, G-10, G-11, G-12, H-10, H-11, H-12, I-09, I-10, I-11 and I-12 /-----Nothing Follows-----/				
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor				
<input type="checkbox"/> e. Other, Specify				
15. DATE 2022-06-17		16. USACE REPRESENTATIVE'S SIGNATURE BRYANT.ADAM.TROY.1082983089 <small>Digitally signed by BRYANT.ADAM.TROY.1082983089 Date: 2022.06.17 13:33:57 -0600</small>		
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2022-06-17	
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2022.06.17 20:23:33 -0600</small>				
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.				
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).				
b. Contractor Representative's Authentication (form must be signed before returning)				
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2022-06-17	(4) Signature Hood, Robert	<small>Digitally signed by Hood, Robert Date: 2022.06.17 20:23:28 -0600</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)				
d. Government Actions (reduced payment, cure notice, show cause, other)				
e. Close Out				
	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))		
2. USACE REPRESENTATIVE'S NAME Eric B Stoneking		3. DATE ACTIVITY COMPLETED 2023-06-13		
4. PROJECT NAME FWDA Parcel 3, HWMU		5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS 46/73 Sunny
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033		9. T.O. NUMBER
10. DISTRIBUTED TO (check boxes and insert individual's name)				
<input checked="" type="checkbox"/>	a. District Program/Project Manager Alan Soicher		<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM		<input type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)				
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observation/inspection of completed work.				
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: D23, E23, F23 /-----Nothing Follows-----/				
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor				
<input type="checkbox"/> e. Other, Specify				
15. DATE 2023-06-13		16. USACE REPRESENTATIVE'S SIGNATURE STONEKING.ERIC.B.1091435353 <small>Digitally signed by STONEKING.ERIC.B.1091435353 Date: 2023.06.13 17:16:14 -0600</small>		
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2023-06-13	
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2023.06.13 17:43:42 -0600</small>				
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.				
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).				
b. Contractor Representative's Authentication (form must be signed before returning)				
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2023-06-13	(4) Signature Hood, Robert	<small>Digitally signed by Hood, Robert Date: 2023.06.13 17:44:35 -0600</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)				
d. Government Actions (reduced payment, cure notice, show cause, other)				
e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

**US ARMY CORPS OF ENGINEERS (USACE)
MUNITIONS RESPONSE
QUALITY ASSURANCE REPORT (QAR) FORM**
The proponent agency is CESO. See instructions on page 2.

1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))
300,623

2. USACE REPRESENTATIVE'S NAME
Adam Troy Bryant

3. DATE ACTIVITY COMPLETED
2023-06-30

4. PROJECT NAME
FWDA Parcel 3, HWMU

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
44/86 Sunny

7. CONTRACTOR
AECOM Technical Services, Inc.

8. CONTRACT NUMBER W912BV-16-C-0033

9. T.O. NUMBER

10. DISTRIBUTED TO (check boxes and insert individual's name)

a. District Program/Project Manager Alan Soicher

b. Design Center

c. Remedial Action District TM

d. Contractor AECOM

11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)

12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.)
Government observation/inspection of completed work.

13. RESULTS AND OBSERVATIONS
The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: D-24, D-25, E-24, E-25, and F-24 /-----Nothing Follows-----/

14. DEFICIENCY TYPE (select one) a. Not Applicable b. Critical c. Major d. Minor

e. Other, Specify

15. DATE
2023-06-30

16. USACE REPRESENTATIVE'S SIGNATURE
BRYANT.ADAM.TROY.1082983089 Digitally signed by BRYANT.ADAM.TROY.1082983089
Date: 2023.06.30 09:46:52 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2023-06-30

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR)
Hood, Robert Digitally signed by Hood, Robert
Date: 2023.06.30 10:05:43 -06'00'

20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.

a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).

b. Contractor Representative's Authentication (form must be signed before returning)

(1) Printed Name
Robert Hood

(2) Title
AECOM Site Manager

(3) Date Signed
2023-06-30

(4) Signature
Hood, Robert Digitally signed by Hood, Robert
Date: 2023.06.30 10:06:20 -06'00'

c. Government Evaluation (acceptance, partial acceptance, etc.)

d. Government Actions (reduced payment, cure notice, show cause, other)

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

Photo Documentation

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.)) 280,823			
2. USACE REPRESENTATIVE'S NAME Eric B Stoneking		3. DATE ACTIVITY COMPLETED 2023-08-28			
4. PROJECT NAME FWDA Parcel 3, HWMU		5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS 53/89 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033			
		9. T.O. NUMBER			
10. DISTRIBUTED TO (check boxes and insert individual's name)					
<input checked="" type="checkbox"/> a. District Program/Project Manager Alan Soicher		<input type="checkbox"/> b. Design Center			
<input type="checkbox"/> c. Remedial Action District TM		<input type="checkbox"/> d. Contractor AECOM			
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)					
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observation/inspection of completed work.					
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: F25 /-----Nothing Follows-----/					
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor					
<input type="checkbox"/> e. Other, Specify					
15. DATE 2023-08-28		16. USACE REPRESENTATIVE'S SIGNATURE STONEKING.ERIC.B.1091435353 <small>Digitally signed by STONEKING.ERIC.B.1091435353 Date: 2023.08.28 13:57:57 -0600</small>			
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood			18. DATE 2023-08-28		
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2023.08.28 14:23:17 -0600</small>					
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.					
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).					
b. Contractor Representative's Authentication (form must be signed before returning)					
(1) Printed Name Robert Hood		(2) Title AECOM Site Manager	(3) Date Signed 2023-08-28	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert Date: 2023.08.28 14:24:46 -0600</small>	
c. Government Evaluation (acceptance, partial acceptance, etc.)					
d. Government Actions (reduced payment, cure notice, show cause, other)					
e. Close Out					
	Name	Title	Date (YYYY-MM-DD)	Signature	
(1) Contractor Notified					
(2) USACE PDT Representative					
(3) Contracting Officer or COR					

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

a. Check the appropriate box.

b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.

c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.

d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))		
2. USACE REPRESENTATIVE'S NAME Adam Troy Bryant		3. DATE ACTIVITY COMPLETED 2023-11-02		
4. PROJECT NAME FWDA Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS 22/68 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033		9. T.O. NUMBER
10. DISTRIBUTED TO (check boxes and insert individual's name)				
<input checked="" type="checkbox"/>	a. District Program/Project Manager Alan Soicher		<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM		<input checked="" type="checkbox"/>	d. Contractor AECOM
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)				
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observation/inspection of completed work.				
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: E-26, F-26, F-27, G-23, G-24, G-25, and G-26 /-----Nothing Follows-----/				
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor				
<input type="checkbox"/> e. Other, Specify				
15. DATE 2023-10-02		16. USACE REPRESENTATIVE'S SIGNATURE BRYANT.ADAM.TROY.1082983089 <small>Digitally signed by BRYANT.ADAM.TROY.1082983089 Date: 2023.11.02 11:53:55 -0600</small>		
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood				18. DATE 2023-11-02
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2023.11.02 12:13:13 -0600</small>				
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.				
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).				
b. Contractor Representative's Authentication (form must be signed before returning)				
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager	(3) Date Signed 2023-11-02	(4) Signature Hood, Robert	<small>Digitally signed by Hood, Robert Date: 2023.11.02 12:13:54 -0600</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)				
d. Government Actions (reduced payment, cure notice, show cause, other)				
e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

**US ARMY CORPS OF ENGINEERS (USACE)
MUNITIONS RESPONSE
QUALITY ASSURANCE REPORT (QAR) FORM**
The proponent agency is CESO. See instructions on page 2.

1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))

2. USACE REPRESENTATIVE'S NAME
Eric B Stoneking

3. DATE ACTIVITY COMPLETED
2024-02-26

4. PROJECT NAME
FWDA Parcel 3, HWMU

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
41/59 Overcast, Windy

7. CONTRACTOR
AECOM Technical Services, Inc.

8. CONTRACT NUMBER W912BV-16-C-0033

9. T.O. NUMBER

10. DISTRIBUTED TO (check boxes and insert individual's name)

a. District Program/Project Manager Alan Soicher

b. Design Center

c. Remedial Action District TM

d. Contractor AECOM

11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)

12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.)
Government observation/inspection of completed work.

13. RESULTS AND OBSERVATIONS
The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: H23, H24, H25, H26, H27, I24 , I25 /-----Nothing Follows -----/

14. DEFICIENCY TYPE (select one) a. Not Applicable b. Critical c. Major d. Minor

e. Other, Specify

15. DATE
2024-02-26

16. USACE REPRESENTATIVE'S SIGNATURE
STONEKING.ERIC.B.1091435353
Digitally signed by STONEKING.ERIC.B.1091435353
Date: 2024.02.26 14:41:10 -0700

17. CONTRACTOR REPRESENTATIVE'S NAME Daryl Scott Bawcom

18. DATE
2024-02-26

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR)
Daryl Scott Bawcom
Digitally signed by Daryl Scott Bawcom
Date: 2024.02.26 14:56:41 -0700

20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above.
Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.

a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).

b. Contractor Representative's Authentication (form must be signed before returning)

(1) Printed Name
Daryl Scott Bawcom

(2) Title
AECOM Site Manager

(3) Date Signed
2024-12-26

(4) Signature
Daryl Scott Bawcom
Digitally signed by Daryl Scott Bawcom
Date: 2024.02.26 14:58:11 -0700

c. Government Evaluation (acceptance, partial acceptance, etc.)

d. Government Actions (reduced payment, cure notice, show cause, other)

e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

**US ARMY CORPS OF ENGINEERS (USACE)
MUNITIONS RESPONSE
QUALITY ASSURANCE REPORT (QAR) FORM**

The proponent agency is CESO. See instructions on page 2.

1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))	
2. USACE REPRESENTATIVE'S NAME Adam Troy Bryant	3. DATE ACTIVITY COMPLETED 2023-12-13
4. PROJECT NAME FWDA Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM
6. WEATHER CONDITIONS 25/52 Cloudy	
7. CONTRACTOR AECOM Technical Services, Inc.	8. CONTRACT NUMBER W912BV-16-C-0033
9. T.O. NUMBER	
10. DISTRIBUTED TO (check boxes and insert individual's name)	
<input checked="" type="checkbox"/> a. District Program/Project Manager Alan Soicher	<input type="checkbox"/> b. Design Center
<input type="checkbox"/> c. Remedial Action District TM	<input checked="" type="checkbox"/> d. Contractor AECOM
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)	
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observation/inspection of completed work.	
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: G-27 /-----Nothing Follows-----/	
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor	
<input type="checkbox"/> e. Other, Specify	
15. DATE 2023-12-13	16. USACE REPRESENTATIVE'S SIGNATURE BRYANT.ADAM.TROY.1082983089 <small>Digitally signed by BRYANT.ADAM.TROY.1082983089 Date: 2023.12.13 11:26:50 -0700'</small>
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE 2023-12-13
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Hood, Robert <small>Digitally signed by Hood, Robert Date: 2023.12.13 11:39:17 -0700'</small>	
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.	
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).	
b. Contractor Representative's Authentication (form must be signed before returning)	
(1) Printed Name Robert Hood	(2) Title AECOM Site Manager
(3) Date Signed 2023-12-13	(4) Signature Hood, Robert <small>Digitally signed by Hood, Robert Date: 2023.12.13 11:40:20 -0700'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)	
d. Government Actions (reduced payment, cure notice, show cause, other)	
e. Close Out	Name
	Title
	Date (YYYY-MM-DD)
	Signature
(1) Contractor Notified	
(2) USACE PDT Representative	
(3) Contracting Officer or COR	

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))		
2. USACE REPRESENTATIVE'S NAME Eric B Stoneking		3. DATE ACTIVITY COMPLETED 2024-09-23		
4. PROJECT NAME FWDA Parcel 3, HWMU		5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS 41/74, Mostly Sunny
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033		9. T.O. NUMBER
10. DISTRIBUTED TO (check boxes and insert individual's name)				
<input checked="" type="checkbox"/>	a. District Program/Project Manager Alan Soicher		<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM		<input checked="" type="checkbox"/>	d. Contractor AECOM
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)				
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observation/inspection of completed work.				
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: F28, F29, G28, G29, H30, I26, I27, I28, I29, I31, J27, J28, J29, J32, K27, K28, K29, K33 /-----Nothing Follows-----/				
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor				
<input type="checkbox"/> e. Other, Specify				
15. DATE 2024-09-23		16. USACE REPRESENTATIVE'S SIGNATURE STONEKING.ERIC.B.1091435353 <small>Digitally signed by STONEKING.ERIC.B.1091435353 Date: 2024.09.23 16:51:32 -0600'</small>		
17. CONTRACTOR REPRESENTATIVE'S NAME Daryl Scott Bawcom				18. DATE 2024-09-23
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Daryl Scott Bawcom <small>Digitally signed by Daryl Scott Bawcom Date: 2024.09.23 17:07:29 -0600'</small>				
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.				
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).				
b. Contractor Representative's Authentication (form must be signed before returning)				
(1) Printed Name Daryl Scott Bawcom	(2) Title Site Manager, AECOM	(3) Date Signed 2024-09-23	(4) Signature Daryl Scott Bawcom	<small>Digitally signed by Daryl Scott Bawcom Date: 2024.09.23 17:08:06 -0600'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)				
d. Government Actions (reduced payment, cure notice, show cause, other)				
e. Close Out				
	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.

US ARMY CORPS OF ENGINEERS (USACE) MUNITIONS RESPONSE QUALITY ASSURANCE REPORT (QAR) FORM <small>The proponent agency is CESO. See instructions on page 2.</small>		1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))		
2. USACE REPRESENTATIVE'S NAME Shawn Meek		3. DATE ACTIVITY COMPLETED 2024-08-28		
4. PROJECT NAME FWDA Parcel 3, HWMU	5. PROJECT LOCATION McKinley County, Gallup, NM		6. WEATHER CONDITIONS 38/69 Sunny	
7. CONTRACTOR AECOM Technical Services, Inc.		8. CONTRACT NUMBER W912BV-16-C-0033		
		9. T.O. NUMBER		
10. DISTRIBUTED TO (check boxes and insert individual's name)				
<input checked="" type="checkbox"/>	a. District Program/Project Manager Alan Soicher		<input type="checkbox"/>	b. Design Center
<input type="checkbox"/>	c. Remedial Action District TM		<input checked="" type="checkbox"/>	d. Contractor
11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)				
12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.) Government observation/inspection of completed work.				
13. RESULTS AND OBSERVATIONS The following grids have passed QA inspection and have met the requirements outlined in the Parcel 3 HWMU Work Plan Table 4-1, for completion: H-28, H-29 /-----Nothing Follows-----/				
14. DEFICIENCY TYPE (select one) <input checked="" type="checkbox"/> a. Not Applicable <input type="checkbox"/> b. Critical <input type="checkbox"/> c. Major <input type="checkbox"/> d. Minor				
<input type="checkbox"/> e. Other, Specify				
15. DATE 2024-08-28		16. USACE REPRESENTATIVE'S SIGNATURE MEEK.SHAWN.MICHAEL.1115801739 <small>Digitally signed by MEEK SHAWN.MICHAEL.1115801739 Date: 2024.08.28 17:31:21 -0600'</small>		
17. CONTRACTOR REPRESENTATIVE'S NAME Scott Bawcom				18. DATE 2024-08-28
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR) Daryl Scott Bawcom <small>Digitally signed by Daryl Scott Bawcom Date: 2024.08.28 17:48:27 -0600'</small>				
20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above. Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.				
a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).				
b. Contractor Representative's Authentication (form must be signed before returning)				
(1) Printed Name Scott Bawcom	(2) Title AECOM Site Manager	(3) Date Signed 2024-08-28	(4) Signature Daryl Scott Bawcom	<small>Digitally signed by Daryl Scott Bawcom Date: 2024.08.28 17:49:30 -0600'</small>
c. Government Evaluation (acceptance, partial acceptance, etc.)				
d. Government Actions (reduced payment, cure notice, show cause, other)				
e. Close Out	Name	Title	Date (YYYY-MM-DD)	Signature
(1) Contractor Notified				
(2) USACE PDT Representative				
(3) Contracting Officer or COR				

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.