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.))* 52

2. USACE REPRESENTATIVE'S NAME	3. DATE ACTIVITY COMPLETED
Chuck Shepherd	2018-02-01

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	22/61Sunny

7. CONTRACTOR	8. CONTRACT NUMBER	W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER	

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grid from production lot # 3 have passed QA inspection: AD35, AE35, AF35, AG35 .Grid passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-02-05	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=US. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.02.05 16:24:41 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE
	2018-02-05

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.05 16:16:56 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-02-05	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.05 16:17:23 -07'00'

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

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

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-09-07

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: Ft Wingate Depot Activity, New Mexico

6. WEATHER CONDITIONS: Clear; Hi 82 ; Lo 52

7. CONTRACTOR: AECOM

8. CONTRACT NUMBER: W912BV-164-C-0033

9. T.O. NUMBER:

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

- [x] a. District Program/Project Manager Steve Smith, DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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.*)
QA of Grids

13. RESULTS AND OBSERVATIONS
The following grids have passed a government QA inspection: AQ 36, AP 36, AO 36, AM 36, AN 36, AM 35, AN 35, AO 35, AQ 35, AP 35. Grids passed all phases of inspection no discrepancies noted. ----------NFE----------

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

[ ] e. Other, *Specify*

15. DATE: 2017-09-07

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.09.07 16:10:51 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, SUXOS

18. DATE: 2017-09-07

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.09.07 16:24:47 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield	SUXOS	2017-09-07	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.09.07 16:26:39 -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				

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.))*: 57

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-02-05

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 22/61Sunny

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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 3 have passed QA inspection: AC35, AC36, AD36, AE36, AF36, AG36. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2018-02-07

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.02.07 07:36:42 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-02-08

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.08 16:21:47 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-02-08	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.08 16:22:19 -07'00'

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
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
Chuck Shepherd/Shawn Meek/Mike Hernandez

3. DATE ACTIVITY COMPLETED
2017-05-18

4. PROJECT NAME
Parcel 3 Closure & Corrective Action

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
32/55 partly cloudy/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
☐ b. Design Center
☐ c. Remedial Action District TM
☐ 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 grids have passed a government QA inspection: AK 35, AK 36, AL 36, AL 35, AJ 35 Grids passed all phases of inspection no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE
2017-09-14

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.09.14 10:40:42 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2017-09-14

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.09.14 11:37:05 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield	SUXOS	2017-09-14	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.09.14 11:37:54 -06'00'

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

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

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-09-18

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: Sunny, HI 82, Lo 47

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)*

- [x] a. District Program/Project Manager Steve Smith, DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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.)*
QA of grids

13. RESULTS AND OBSERVATIONS
The following grids from production lot #2 have passed QA inspection: AH 36, AH 35, AJ 36, AI 35, AI 36.
Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)*: [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-09-18

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=US, Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.09.18 15:25:19 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-09-19

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*: JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.09.19 07:24:39 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield	SUXOS	2017-09-19	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.09.19 07:25:19 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 6

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-10-10

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 33/65 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grid from production lot # 4 have passed QA inspection: AQ 33. Grid passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-10-04

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-10-11

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2017.10.11 10:02:27 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-10-11	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.11 10:02:59 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 7

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-10-13

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 42/74 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grid from production lot # 4 have passed QA inspection: AQ 34, AM 33, AM 34, AN33, AN 34, AO 33, AO 34, AP 33, AP 34. Grid passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-10-04

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.10.13 17:26:32 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-10-16

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.16 08:16:36 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield	SUXOS	2017-10-16	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.16 08:17:41 -06'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 9
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2017-10-19

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	45/75 sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 5 have passed QA inspection: AL 33, AK 33, AJ 33, AI 33, AH 33, AH 34 Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2017-10-19	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.10.19 10:17:53 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2017-10-20

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.20 08:19:44 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-10-20	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.20 08:20:38 -06'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 10
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2017-10-20

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	45/75 sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 5 have passed QA inspection: AL 34, AK 34, AJ 34, AI 34. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2017-10-20	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.10.20 14:24:22 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2017-10-23

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.23 07:57:47 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-10-23	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.23 07:58:21 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 8

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-10-16

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 31/75 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grid from production lot # 6 have passed QA inspection: AG 33, AG 34, AF 33, AF 34, AE 33 Grid passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-10-16

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.10.17 09:33:10 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-10-17

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.17 09:37:55 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-10-17	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.17 09:38:04 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 11

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-10-23

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 45/75 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 6 have passed QA inspection: AC 33, AC 34, AD 33, AD 34, AE 34. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-10-23

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.10.25 16:19:12 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-10-24

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.24 07:01:29 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-10-24	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.24 07:02:00 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 4

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd/Tim Bohannon

3. DATE ACTIVITY COMPLETED: 2017-09-22

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 55/78 sunny/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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot #7 have passed QA inspection: AQ 37, AP 37, AO 37, AN 37, AM 37, AQ 38, AP 38, AO 38, AN 38, AM 38. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-09-22

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2017.09.25 10:07:27 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-09-25

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2017.09.25 07:29:03 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield	SUXOS	2017-09-25	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.09.25 07:29:30 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 5

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd/Tim Bohannon

3. DATE ACTIVITY COMPLETED: 2017-09-25

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 55/78 sunny/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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot #8 have passed QA inspection: AQ 39, AP 39, AO 39, AN 39, AM 39. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-09-25

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.09.25 14:37:37 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-09-26

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.09.26 15:47:24 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-09-26	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.09.26 15:47:49 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 6

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-09-27

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 39/88 cloudy/rain

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)*

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot #8 have passed QA inspection: AQ 40, AO 40. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)*: [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-09-27

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.09.27 09:19:20 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE: 2017-09-27

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.09.27 10:03:04 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-09-27	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.09.27 10:03:36 -06'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 6
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2017-10-04

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	52/78 sunny

7. CONTRACTOR	8. CONTRACT NUMBER
AECOM Technical Services, Inc.	W912BV-16-C-0033
	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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.

3 Circled are from @ LOT #8

13. RESULTS AND OBSERVATIONS
The following grids from production lot # 9 have passed QA inspection: AF 39, AE 39, AE 40, AG 40, AI 40, AK 40, AM 40. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2017-10-04	SHEPHERD.CHARLES.LEE.JR.1054293301

17. CONTRACTOR REPRESENTATIVE'S NAME	18. DATE

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)

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	(2) Title	(3) Date Signed	(4) Signature

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

NOTE Correction
4-14-18 JBH
Not all these grids are in LOT 9 >

Lot 8	Lot 9
AI 40	AF 39
AK 40	AE 39
AM 40	AE 40
	AG 40

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

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.))* 6
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2017-10-04

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	52/78 sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 9 have passed QA inspection: AF 39, AE 39, AE 40, AG 40, (lot 8 AI 40, AK 40, AM 40.) Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2017-10-04	SHEPHERD.CHARLES.LEE.JR.1054293301

17. CONTRACTOR REPRESENTATIVE'S NAME	18. DATE

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)

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	(2) Title	(3) Date Signed	(4) Signature

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

NOTE Correction
4-14-18 JBH
Not all these grids are in Lot 9>

Lot 8	Lot 9
AI 40	AF 39
AK 40	AE 39
AM 40	AE 40
	AG 40

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

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.))*: 6

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-10-10

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 33/65 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 9 have passed QA inspection: AL 39, AG 39, AH 39, AI 39, AJ 39, AK 39. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE: 2017-10-10

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.10.10 10:47:27 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE: 2017-10-11

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.11 10:03:30 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-10-11	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.11 10:04:01 -06'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 44
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2017-12-21

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	7/54 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 10 have passed QA inspection: AI37, AJ37, AJ38, AL38, AK38, AL37, AK37. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2017-12-21	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=CAA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.01.03 14:03:41 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2018-01-09

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.09 17:04:05 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-01-09	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.09 17:04:37 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 45

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-01-19

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 7/54 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 10 have passed QA inspection: AI38, AH37, AH38. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2018-01-19

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.01.19 10:18:44 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-01-23

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.23 17:20:44 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-01-23	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.23 17:21:17 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 46

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-01-19

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 7/54 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 11 have passed QA inspection: AD38, AE38, AG38. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2018-01-19

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-01-23

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2018.01.23 17:22:22 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-01-23	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.23 17:22:52 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 49

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-01-25

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 3/48 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 11 have passed QA inspection: AC37, AC38, AD37, AE37 Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2018-01-25

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.01.26 09:39:22 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-01-26

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.26 08:41:54 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-01-26	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.26 08:42:35 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 50

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-01-29

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 3/48 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grid from production lot # 11 have passed QA inspection: AF38 .Grid passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2018-01-29

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.01.30 10:50:25 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE: 2018-02-05

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.05 16:06:46 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-02-05	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.05 16:07:18 -07'00'

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				

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.))*: 53

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-02-01

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 22/61Sunny

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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 11 have passed QA inspection: AG37, AF37 .Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE: 2018-02-05

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-02-05

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2018.02.05 16:22:01 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-02-05	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.05 16:22:36 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 56

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-02-05

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 22/61Sunny

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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 11 have passed QA inspection: AG37, AF37. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2018-02-07

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.02.07 07:36:02 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-02-08

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.08 16:20:24 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-02-08	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.08 16:20:59 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 12

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-10-23

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 45/75 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 12 have passed QA inspection: AA 39, AA 38, Z 39, Z 38, Y 39, Y 38 Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-10-23

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.10.25 16:21:09 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-10-24

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.24 07:03:00 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-10-24	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.10.24 07:03:26 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 13

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-10-27

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 45/75 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 12 have passed QA inspection: AD 39, AC 39, AB 38, AB 39 Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-10-27

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301

17. CONTRACTOR REPRESENTATIVE'S NAME:

18. DATE:

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)

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	(2) Title	(3) Date Signed	(4) Signature

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 37

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-12-12

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 7/54 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 13 have passed QA inspection: X36. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE: 2017-12-12

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.12.13 07:53:51 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-12-13

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.13 12:33:46 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-12-13	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.13 12:34:13 -07'00'

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				

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.))*
41

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2017-12-18

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
7/54 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 13 have passed QA inspection: AB36, AB37, AA36, AA37, Z36, Z37, Y36. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE
2017-12-18

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.12.18 16:15:12 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2017-12-19

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.19 08:28:45 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-12-19	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.19 08:29:36 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 42

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-12-21

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 7/54 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 13 have passed QA inspection: Y37, X37. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-12-21

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.01.03 13:58:58 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-01-09

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.09 17:15:06 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-01-09	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.09 17:16:03 -07'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 35
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2017-12-05

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	22/44 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 14 have passed QA inspection: X34, Z34, Y34. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2017-12-05	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.12.05 17:06:21 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2017-12-05

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.05 16:58:35 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-12-05	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.05 16:59:07 -07'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 36
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2017-12-12

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	7/54 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 14 have passed QA inspection: AB34, AB35, AA34, AA35, Z35, Y35, X35. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2017-12-12	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.12.13 07:19:36 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE
	2017-12-13

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.13 13:23:47 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-12-13	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.13 13:24:13 -07'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 43
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2017-12-21

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	7/54 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 15have passed QA inspection: W35, V35, U35. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2017-12-21	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.01.09 14:05:19 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2018-01-09

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.09 17:17:54 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-01-09	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.09 17:18:20 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 47

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-01-19

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 7/54 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 15 have passed QA inspection: U34, T34, T35, S34. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor [ ] e. Other, *Specify* QAR only

15. DATE: 2018-01-19

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.01.30 06:19:31 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-01-23

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.23 17:23:37 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-01-23	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.23 17:24:02 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 48

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-01-25

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 3/48 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 15 have passed QA inspection: W34, V34 Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2018-01-25

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.01.26 08:39:34 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-01-26

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.26 08:48:22 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-01-26	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.01.26 08:49:02 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 51

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-01-29

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 3/48 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)*

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grid from production lot # 15 have passed QA inspection: S35 .Grid passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)*
- [x] a. Not Applicable
- [ ] b. Critical
- [ ] c. Major
- [ ] d. Minor
- [ ] e. Other, *Specify* QAR only

15. DATE: 2018-01-29

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2018.01.30 10:52:10 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-02-05

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*: JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2018.02.05 16:09:39 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-02-05	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.05 16:10:06 -07'00'

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				

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.))* 60
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2018-03-01

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	24/52 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER	W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER	

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 16 have passed QA inspection: : W36, V36, ~~V37,~~ T36, T37. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows---------- on report 55 2/5/18

14. DEFICIENCY TYPE *(select one)* ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-03-01	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.03.01 15:22:12 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE
	2018-03-01

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-01	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.01 15:52:30 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*
54

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-02-01

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
22/61Sunny

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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 16 have passed QA inspection: S36, S37, U36.Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE
2018-02-05

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.02.05 06:36:38 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2018-02-05

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.05 16:23:40 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-02-05	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.05 16:24:10 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 55

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-02-05

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 22/61Sunny

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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 16 have passed QA inspection: V37, W37. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2018-02-07

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.02.07 07:34:27 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-02-08

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.08 16:18:49 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-02-08	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.02.08 16:19:32 -07'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 60
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2018-03-01

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	24/52 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 16 have passed QA inspection: : W36, V36, U37, T36, T37. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-03-01	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.03.08 13:06:04 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE
	2018-03-08

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.08 14:30:53 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-08	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.08 14:31:20 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 61

2. USACE REPRESENTATIVE'S NAME: Michael Slavens

3. DATE ACTIVITY COMPLETED: 2018-03-08

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 64/24, 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 Steve Smith/DJ Myers
- ☐ b. Design Center
- ☐ c. Remedial Action District TM
- ☐ 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 grids from production lot # 17 have passed QA inspection: : X39, W39, V39. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE: 2018-03-13

16. USACE REPRESENTATIVE'S SIGNATURE: SLAVENS.MICHAEL.RAY.1177947284 Digitally signed by SLAVENS.MICHAEL.RAY.1177947284 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SLAVENS.MICHAEL.RAY.1177947284 Date: 2018.03.13 12:51:07 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE: 2018-03-14

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.14 17:07:26 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-14	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.14 17:07:51 -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				

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.))*: 63

2. USACE REPRESENTATIVE'S NAME: Michael Slavens

3. DATE ACTIVITY COMPLETED: 2018-03-21

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 63/36, 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*)

- ☐ a. District Program/Project Manager Steve Smith/DJ Myers
- ☐ b. Design Center
- ☐ c. Remedial Action District TM
- ☐ 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 grids from production lot # 17 have passed QA inspection: : T38, U38, V38, W38, X38, T39, U39. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE: 2018-03-21

16. USACE REPRESENTATIVE'S SIGNATURE: SLAVENS.MICHAEL.RAY.1177947284 Digitally signed by SLAVENS.MICHAEL.RAY.1177947284 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SLAVENS.MICHAEL.RAY.1177947284 Date: 2018.03.21 16:45:45 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-03-23

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.23 08:42:37 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-23	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.23 08:43:05 -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				

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.))*: 68

2. USACE REPRESENTATIVE'S NAME: Chris Graber

3. DATE ACTIVITY COMPLETED: 2018-03-30

4. PROJECT NAME: FWDA

5. PROJECT LOCATION: FWDA/Gallup/New Mexico

6. WEATHER CONDITIONS: NA

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 Saqib Khan
- ☐ b. Design Center
- ☐ c. Remedial Action District TM
- ☐ 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.)*
Quality Assurance Inspection of Inner Fence Grids

13. *RESULTS AND OBSERVATIONS* 24 18 20 48
Completed QA inspection of E39/F39/G39 O38/P38/Q38/R38/S38 E34, AND X29. All grids passed with no discrepancies.
NFE

14. DEFICIENCY TYPE *(select one)*: ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE: 2018-03-30

16. USACE REPRESENTATIVE'S SIGNATURE: GRABER.CHRISTOPHER.M.1013480156

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-03-30

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD Date: 2018.03.30 14:18:56 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-30	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.30 14:19:27 -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				

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.))* 69
2. USACE REPRESENTATIVE'S NAME	3. DATE ACTIVITY COMPLETED 2018-04-11

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 Inner Fence	McKinley County, Gallup,NM	Sunny,Windy

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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.*)
Quality Assurance Inspection for Parcel 3 Inner Fence

13. RESULTS AND OBSERVATIONS
The following grids have passed QA inspection: 26 E35,F35,G35,H35,H36, 24 H39,I39, 18 O39,P39,Q39,R39 and S39. Grids passed all phases of inspection no discrepancies noted.
----------Nothing Follows----------

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

☒ e. Other, *Specify* QAR Only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE	
2018-04-12	MEEK.SHAWN.MICHAEL.1115801739	18. DATE 2018-04-13

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2018.04.13 06:39:29 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-04-13	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.13 06:40:00 -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				

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.))* 70
2. USACE REPRESENTATIVE'S NAME Chris Graber	3. DATE ACTIVITY COMPLETED 2018-04-02

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
FWDA	FWDA/Gallup/New Mexico	NA

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☐ a. District Program/Project Manager Saqib Khan	☐ b. Design Center
☐ c. Remedial Action District TM	☐ 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.)*
Quality Assurance Inspection of Inner Fence Grids

13. RESULTS AND OBSERVATIONS
Completed QA inspection of R-28/Z-29 Y-29/O-37, and N-37. All grids passed with no discrepancies.
50 / 48 / 19 NFE

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-04-02	GRABER.CHRISTOPHER.M.1013480156 Digitally signed by GRABER.CHRISTOPHER.M.1013480156 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=GRABER.CHRISTOPHER.M.1013480156 Date: 2018.04.16 10:49:39 -05'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2018-04-17

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.17 08:41:18 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-04-17	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.17 08:41:45 -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				

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.))*
69

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-06-06

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
39/76 Sunny/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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 19 have passed QA inspection: : Q37, R37, P37 R36. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE
2018-06-06

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.06.07 09:02:07 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2018-06-08

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.08 12:50:24 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-06-08	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.08 12:51:19 -06'00'

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
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 Daniel McKinnon	3. DATE ACTIVITY COMPLETED 2018-09-10	
4. PROJECT NAME Parcel 3 Inner fence	5. PROJECT LOCATION McKinley County, Gallup NM	6. WEATHER CONDITIONS 52/82 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 Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 20 have passed QA inspection: Q34 and R34. No discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify*

15. DATE 2018-09-12	16. USACE REPRESENTATIVE'S SIGNATURE MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.09.12 09:42:41 -06'00'
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE 2018-09-12

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.09.12 09:24:37 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Field Manager	2018-09-12	Robert Hood Digitally signed by Robert Hood Date: 2018.09.12 09:25:07 -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				

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
David Holland

3. DATE ACTIVITY COMPLETED
2018-08-20

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
55/87 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot #20 have passed QA inspection: O34, N34,O35, R35 and P35. No discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify*

15. DATE
2018-08-20

16. USACE REPRESENTATIVE'S SIGNATURE
HOLLAND.DAVID.L.1096450296 Digitally signed by HOLLAND.DAVID.L.1096450296 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=HOLLAND.DAVID.L.1096450296 Date: 2018.08.20 11:21:45 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-08-22

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.08.22 09:01:29 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-08-22	Robert Hood Digitally signed by Robert Hood Date: 2018.08.22 09:01:55 -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				

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
Michael Hernandez

3. DATE ACTIVITY COMPLETED
2018-08-23

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
58/90 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production Lot # 20 have passed QA inspection: N35, Q35, P34. No discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify*

15. DATE
2018-08-24

16. USACE REPRESENTATIVE'S SIGNATURE
HERNANDEZ.MICHAEL.R.1155991263 Digitally signed by HERNANDEZ.MICHAEL.R.1155991263 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=HERNANDEZ.MICHAEL.R.1155991263 Date: 2018.08.24 09:32:14 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-08-24

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.08.24 09:36:26 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Field Manager	2018-08-24	Robert Hood Digitally signed by Robert Hood Date: 2018.08.24 09:36:59 -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				

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 Daniel McKinnon	3. DATE ACTIVITY COMPLETED 2018-09-10	
4. PROJECT NAME Parcel 3 Inner fence	5. PROJECT LOCATION McKinley County, Gallup NM	6. WEATHER CONDITIONS 52/82 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 Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 21 have passed QA inspection: K34, L34 and M34. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)* ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify*

15. DATE 2018-09-12	16. USACE REPRESENTATIVE'S SIGNATURE MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.09.13 06:16:16 -06'00'
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE 2018-09-12

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
Robert Hood Digitally signed by Robert Hood Date: 2018.09.12 09:19:04 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Field Manager	2018-09-12	Robert Hood Digitally signed by Robert Hood Date: 2018.09.12 09:19:51 -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				

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 Daniel McKinnon	3. DATE ACTIVITY COMPLETED 2018-09-24	
4. PROJECT NAME Parcel 3 Inner fence	5. PROJECT LOCATION McKinley County, Gallup NM	6. WEATHER CONDITIONS 44/77 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)*

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot #21 have passed QA inspection: K35, L35, J35, J34, I34, M35, I35. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)* ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify*

15. DATE 2018-09-25	16. USACE REPRESENTATIVE'S SIGNATURE MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.09.25 10:29:16 -06'00'
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE 2018-09-25

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
Robert Hood Digitally signed by Robert Hood Date: 2018.09.25 13:09:18 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-09-25	Robert Hood Digitally signed by Robert Hood Date: 2018.09.25 13:09:48 -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				

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

3. DATE ACTIVITY COMPLETED
2018-04-24

4. PROJECT NAME
Parcel 3 Inner Fence

5. PROJECT LOCATION
McKinley County, Gallup,NM

6. WEATHER CONDITIONS
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*)

- [x] a. District Program/Project Manager
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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.*)
Quality Assurance Inspection for Parcel 3 Inner Fence

13. RESULTS AND OBSERVATIONS
LOT 22
The following grids have passed QA inspection: I 36,J 36, K36,L 36,M36,I37, J37, K37, L37, M37. Grids passed all phases of inspection no discrepancies noted.
----------Nothing Follows----------

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

[x] e. Other, *Specify* QAR Only

15. DATE
2018-04-24

16. USACE REPRESENTATIVE'S SIGNATURE
MEEK.SHAWN.MICHAEL.1115801739
Digitally signed by MEEK.SHAWN.MICHAEL.1115801739
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MEEK.SHAWN.MICHAEL.1115801739
Date: 2018.04.24 15:00:58 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2018-04-25

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2018.04.25 08:28:53 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-04-25	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.25 08:29:18 -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				

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.))* 62
2. USACE REPRESENTATIVE'S NAME Michael Slavens	3. DATE ACTIVITY COMPLETED 2018-03-08

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	64/24, Sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☐ a. District Program/Project Manager Steve Smith/DJ Myers	☐ b. Design Center
☐ c. Remedial Action District TM	☐ 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 grids from production lot # 23 have passed QA inspection: : J39, K39, L39, M39, N39. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-03-13	SLAVENS.MICHAEL.RAY.1177947284 Digitally signed by SLAVENS.MICHAEL.RAY.1177947284 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SLAVENS.MICHAEL.RAY.1177947284 Date: 2018.03.13 17:22:50 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2018-03-14

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.14 17:06:16 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-14	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.14 17:06:47 -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				

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.))*: 64

2. USACE REPRESENTATIVE'S NAME: Michael Slavens

3. DATE ACTIVITY COMPLETED: 2018-03-21

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 63/36, 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*)

- ☐ a. District Program/Project Manager Steve Smith/DJ Myers
- ☐ b. Design Center
- ☐ c. Remedial Action District TM
- ☐ 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 grids from production lot # 23 have passed QA inspection: J38, K38, L38, M38, N38. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE: 2018-03-21

16. USACE REPRESENTATIVE'S SIGNATURE: SLAVENS.MICHAEL.RAY.1177947284 Digitally signed by SLAVENS.MICHAEL.RAY.1177947284 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SLAVENS.MICHAEL.RAY.1177947284 Date: 2018.03.23 08:47:59 -05'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE: 2018-03-23

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.23 08:43:43 -05'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-23	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.23 08:44:13 -05'00'

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				

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.))*: 65

2. USACE REPRESENTATIVE'S NAME: Michael Slavens

3. DATE ACTIVITY COMPLETED: 2018-03-21

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 63/36, 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*)

- ☐ a. District Program/Project Manager Steve Smith/DJ Myers
- ☐ b. Design Center
- ☐ c. Remedial Action District TM
- ☐ 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 grids from production lot # 24 have passed QA inspection: E38, F38, G38, H38, I38. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE: 2018-03-21

16. USACE REPRESENTATIVE'S SIGNATURE: SLAVENS.MICHAEL.RAY.1177947284 Digitally signed by SLAVENS.MICHAEL.RAY.1177947284 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SLAVENS.MICHAEL.RAY.1177947284 Date: 2018.03.21 16:49:04 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-03-23

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.23 08:44:59 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-23	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.23 08:45:57 -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				

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.))*: 08

2. USACE REPRESENTATIVE'S NAME: Chris Graber

3. DATE ACTIVITY COMPLETED: 2018-03-30

4. PROJECT NAME: FWDA

5. PROJECT LOCATION: FWDA/Gallup/New Mexico

6. WEATHER CONDITIONS: NA

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: Saqib Khan
- ☐ b. Design Center
- ☐ c. Remedial Action District TM
- ☐ 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.)*
Quality Assurance Inspection of Inner Fence Grids

13. RESULTS AND OBSERVATIONS 24
Completed QA inspection of E39/F39/G39 O38/P38/Q38/R38/S38 E34, AND X29. All grids passed with no discrepancies.
NFE

14. DEFICIENCY TYPE *(select one)*: ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE: 2018-03-30

16. USACE REPRESENTATIVE'S SIGNATURE
GRABER.CHRISTOPHER.M.1013480156 Digitally signed by GRABER.CHRISTOPHER.M.1013480156 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=GRABER.CHRISTOPHER.M.1013480156 Date: 2018.03.30 13:42:34 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-03-30

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.30 14:18:56 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-30	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.30 14:19:27 -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				

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.))* 09
2. USACE REPRESENTATIVE'S NAME	3. DATE ACTIVITY COMPLETED 2018-04-11

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 Inner Fence	McKinley County, Gallup,NM	Sunny,Windy

7. CONTRACTOR	8. CONTRACT NUMBER	W912BV-16-C-0033
AECOM Technical Services Inc.	9. T.O. NUMBER	

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

☒	a. District Program/Project Manager	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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.*)
Quality Assurance Inspection for Parcel 3 Inner Fence

13. RESULTS AND OBSERVATIONS
The following grids have passed QA inspection: E35,F35,G35,H35,H36, 24 H39,I39 O39,P39,Q39,R39 and S39. Grids passed all phases of inspection no discrepancies noted.
----------Nothing Follows----------

14. DEFICIENCY TYPE (*select one*) ☐ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☒ e. Other, *Specify* QAR Only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-04-12	MEEK.SHAWN.MICHAEL.1115801739 Digitally signed by MEEK.SHAWN.MICHAEL.1115801739 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MEEK.SHAWN.MICHAEL.1115801739 Date: 2018.04.12 09:33:03 -05'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2018-04-13

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.13 06:39:29 -05'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-04-13	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.13 06:40:00 -05'00'

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				

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

3. DATE ACTIVITY COMPLETED
2018-04-25

4. PROJECT NAME
Parcel 3 Inner Fence

5. PROJECT LOCATION
McKinley County, Gallup,NM

6. WEATHER CONDITIONS
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*)

- [x] a. District Program/Project Manager
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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.)*
Quality Assurance Inspection for Parcel 3 Inner Fence

13. RESULTS AND OBSERVATIONS
Lot 25
The following grids have passed (15 grids) QA inspection: C-36, C-37, C-38, C-39, E-36, F-36, G-36, E-37, F-37, G-37, H-37, N-28, O-28, P-28 and Q28. Grids passed all phases of inspection no discrepancies noted.
----------Nothing Follows----------

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

[x] e. Other, *Specify* QAR Only

15. DATE
2018-04-25

16. USACE REPRESENTATIVE'S SIGNATURE
MEEK.SHAWN.MICHAEL.1115801739 Digitally signed by MEEK.SHAWN.MICHAEL.1115801739 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MEEK.SHAWN.MICHAEL.1115801739 Date: 2018.04.25 16:07:28 -05'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2018-04-26

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.26 09:00:20 -05'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-04-26	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.26 09:00:45 -05'00'

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				

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	3. DATE ACTIVITY COMPLETED 2018-04-25

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 Inner Fence	McKinley County, Gallup,NM	Sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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.)*
Quality Assurance Inspection for Parcel 3 Inner Fence

13. RESULTS AND OBSERVATIONS
The following grids have passed (15 grids) QA inspection: C-36, C-37, C-38, C-39, E-36, F-36, G-36, E-37, F-37, G-37, H-37, N-28, O-28, P-28 and Q28. Grids passed all phases of inspection no discrepancies noted. Lot 20
----------Nothing Follows----------

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

☒ e. Other, *Specify* QAR Only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-04-25	MEEK.SHAWN.MICHAEL.1115801739 Digitally signed by MEEK.SHAWN.MICHAEL.1115801739 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MEEK.SHAWN.MICHAEL.1115801739 Date: 2018.04.25 16:07:23 -05'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2018-04-26

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.26 09:00:20 -05'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-04-26	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.26 09:00:45 -05'00'

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				

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.))* 66
2. USACE REPRESENTATIVE'S NAME Michael Slavens	3. DATE ACTIVITY COMPLETED 2018-03-21

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	63/36, Mostly sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☐	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 26 have passed QA inspection: F34, G34, H34. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-03-21	SLAVENS.MICHAEL.RAY.1177947284 Digitally signed by SLAVENS.MICHAEL.RAY.1177947284 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SLAVENS.MICHAEL.RAY.1177947284 Date: 2018.03.23 07:56:19 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2018-03-23

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.23 08:40:14 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-23	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.23 08:41:50 -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				

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.))*: 68

2. USACE REPRESENTATIVE'S NAME: Chris Graber

3. DATE ACTIVITY COMPLETED: 2018-03-30

4. PROJECT NAME: FWDA

5. PROJECT LOCATION: FWDA/Gallup/New Mexico

6. WEATHER CONDITIONS: NA

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 Saqib Khan
- ☐ b. Design Center
- ☐ c. Remedial Action District TM
- ☐ 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.*)
Quality Assurance Inspection of Inner Fence Grids

13. RESULTS AND OBSERVATIONS
Completed QA inspection of E39/F39/G39/O38/P38/Q38/R38/S38/E34, AND X29. All grids passed with no discrepancies.
24 16 26 48
NFE

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

☐ e. Other, *Specify* QAR only

15. DATE: 2018-03-30

16. USACE REPRESENTATIVE'S SIGNATURE
GRABER.CHRISTOPHER.M.1013480156 Digitally signed by GRABER.CHRISTOPHER.M.1013480156 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=GRABER.CHRISTOPHER.M.1013480156 Date: 2018.03.30 13:42:34 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-03-30

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.30 14:18:56 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-30	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.30 14:19:27 -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				

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.))*: 69

2. USACE REPRESENTATIVE'S NAME:

3. DATE ACTIVITY COMPLETED: 2018-04-11

4. PROJECT NAME: Parcel 3 Inner Fence

5. PROJECT LOCATION: McKinley County, Gallup,NM

6. WEATHER CONDITIONS: Sunny,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*)

- [x] a. District Program/Project Manager
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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.*)
Quality Assurance Inspection for Parcel 3 Inner Fence

13. RESULTS AND OBSERVATIONS
The following grids have passed QA inspection: E35,F35,G35,H35,H36 / H39,I39 / O39,P39,Q39,R39 and S39. Grids passed all phases of inspection no discrepancies noted. (26 / 24 / 18)
----------Nothing Follows----------

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

[x] e. Other, *Specify* QAR Only

15. DATE: 2018-04-12

16. USACE REPRESENTATIVE'S SIGNATURE: MEEK.SHAWN.MICHAEL.1115801739 Digitally signed by MEEK.SHAWN.MICHAEL.1115801739 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MEEK.SHAWN.MICHAEL.1115801739 Date: 2018.04.12 09:33:07 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-04-13

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.13 06:39:29 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-04-13	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.13 06:40:00 -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				

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.))*: 14

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-10-27

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 45/75 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 28 have passed QA inspection: AQ31, AP31, AO31, AN31, AM31. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-10-27

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.10.26 07:57:37 -05'00'

17. CONTRACTOR REPRESENTATIVE'S NAME:

18. DATE:

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)

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	(2) Title	(3) Date Signed	(4) Signature

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 17
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2017-10-31

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	45/75 sunny

7. CONTRACTOR	8. CONTRACT NUMBER	9. T.O. NUMBER
AECOM Technical Services, Inc.	W912BV-16-C-0033	

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 28 have passed QA inspection: AM32, AN32, AO32, AP32, AQ32. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2017-11-01	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.11.01 08:32:07 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE
	2017-11-02

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.02 09:40:33 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-02	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.02 09:41:08 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 17

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-10-31

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 45/75 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)*

- [x] a. District Program/Project Manager: Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 29 have passed QA inspection: AJ32. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)*: [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-01

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.11.02 08:53:39 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-11-02

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*: JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.02 09:43:06 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-02	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.02 09:43:46 -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				

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.))*: 18

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-08

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 45/75 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 29 have passed QA inspection: AL31, AL32, AK31, AK32, AJ31. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-08

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=GI, Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.11.08 16:33:32 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE: 2017-11-08

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.08 17:08:22 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-08	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.08 17:09:04 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 21

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-10

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 45/75 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 29 have passed QA inspection: AI32. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-10

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2017.11.13 16:05:38 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-11-13

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2017.11.13 16:05:12 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-13	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.13 16:05:39 -07'00'

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				

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.))*: 26

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-17

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 42/56 overcast

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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 29 have passed QA inspection: AI31, AH31, AH32. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-17

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-11-17

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2017.11.17 15:55:44 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-17	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.17 15:56:09 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 15

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-10-27

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 45/75 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 30 have passed QA inspection: AC31, AD31. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-10-27

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301

17. CONTRACTOR REPRESENTATIVE'S NAME

18. DATE

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)

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	(2) Title	(3) Date Signed	(4) Signature

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 16

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-10-31

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 45/75 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 30 have passed QA inspection: AG31, AE31. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-01

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.11.01 08:31:48 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-11-02

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.02 09:47:27 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-02	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.02 09:47:55 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 19

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-08

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 45/75 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)*

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 30 have passed QA inspection: AG32, AF32, AE32, AD32 Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)* [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-08

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2017.11.08 16:35:27 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-11-08

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2017.11.08 17:10:25 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-08	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.08 17:10:54 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 20

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-10

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 45/75 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 30 have passed QA inspection: AC 32, AF31. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-10

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.11.13 16:04:06 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-11-13

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.13 16:24:55 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-13	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.13 16:26:25 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 23

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-10

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 45/75 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 31 have passed QA inspection: AB32, AA32, Z32, Y32. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-10

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.11.10 13:17:52 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-11-13

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.13 15:51:52 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-13	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.13 15:52:25 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 30

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-20

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 24/66 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 31 have passed QA inspection: AA33, Z33, Y33. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-20

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.11.20 14:45:15 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-11-20

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.20 15:27:04 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-20	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.20 15:27:30 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 27

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-17

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 42/56 overcast

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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 31 have passed QA inspection: AB33. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-17

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.11.17 14:02:40 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-11-17

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.17 15:57:43 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-17	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.17 15:58:12 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 24

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-15

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 24/66 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 31 have passed QA inspection: X33, X32. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-15

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.11.15 16:02:54 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield

18. DATE: 2017-11-15

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.15 16:38:06 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-15	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.15 16:38:43 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 28

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-17

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 42/56 overcast

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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 32 have passed QA inspection: W33, V33. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-17

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2017.11.17 14:06:31 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-11-17

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2017.11.17 15:59:25 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-17	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.17 15:59:55 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 29

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-20

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 24/66 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 32 have passed QA inspection: S33, S32, T33, U33. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-20

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.11.20 16:02:50 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-11-20

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.20 15:25:36 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-20	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.20 15:26:02 -07'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 34

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-12-05

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 22/44 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 32 have passed QA inspection: U32, W32, V32, T32. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE: 2017-12-05

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-12-05

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2017.12.05 17:00:24 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-12-05	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.05 17:00:51 -07'00'

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
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	3. DATE ACTIVITY COMPLETED
Daniel McKinnon	2018-08-01

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 Inner fence	McKinley County, Gallup NM	58/90 Partly Cloudy

7. CONTRACTOR	8. CONTRACT NUMBER	W912BV-16-C-0033
AECOM Technical Services, Inc	9. T.O. NUMBER	

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 33 have passed QA inspection: R32, Q32, P32. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify*

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-08-01	MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.08.01 14:40:09 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE
	2018-08-01

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.08.01 15:35:06 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-08-01	Robert Hood Digitally signed by Robert Hood Date: 2018.08.01 15:35:32 -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				

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	3. DATE ACTIVITY COMPLETED
Daniel McKinnon	2018-08-01

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 Inner fence	McKinley County, Gallup NM	58/90 Partly Cloudy

7. CONTRACTOR	8. CONTRACT NUMBER	W912BV-16-C-0033
AECOM Technical Services, Inc	9. T.O. NUMBER	

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 33 have passed QA inspection: R32, Q32, P32. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify*

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-08-01	MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.08.01 14:40:09 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE
	2018-08-01

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.08.01 15:35:06 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-08-01	Robert Hood Digitally signed by Robert Hood Date: 2018.08.01 15:35:32 -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				

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.))*: 58

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-02-27

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 24/52 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 33 have passed QA inspection: : R-33, Q-33, P-33, O-33, N-33, N-32, O-32. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE: 2018-02-28

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.03.01 15:53:14 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-03-01

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.01 15:53:37 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-01	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.01 15:54:21 -07'00'

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
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
Daniel McKinnon

3. DATE ACTIVITY COMPLETED
2018-09-10

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
52/82 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grid from production lot # 34 have passed QA inspection: M32. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-09-12

16. USACE REPRESENTATIVE'S SIGNATURE
MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.09.12 09:19:25 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-09-12

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.09.12 09:23:41 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Field Manager	2018-09-12	Robert Hood Digitally signed by Robert Hood Date: 2018.09.12 09:24:08 -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				

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
David Holland

3. DATE ACTIVITY COMPLETED
2018-08-20

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
55/87 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)*

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot #34 have passed QA inspection: I32, J32, J33, L33 and M33. No discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify*

15. DATE
2018-08-20

16. USACE REPRESENTATIVE'S SIGNATURE
HOLLAND.DAVID.L.1096450296 Digitally signed by HOLLAND.DAVID.L.1096450296 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=HOLLAND.DAVID.L.1096450296 Date: 2018.08.20 11:29:34 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-08-22

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
Robert Hood Digitally signed by Robert Hood Date: 2018.08.22 09:04:09 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-08-22	Robert Hood Digitally signed by Robert Hood Date: 2018.08.22 09:04:51 -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				

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
Michael Hernandez

3. DATE ACTIVITY COMPLETED
2018-08-23

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
58/90 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production Lot # 34 have passed QA inspection: L32, K32, I33, K33. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-08-24

16. USACE REPRESENTATIVE'S SIGNATURE
HERNANDEZ.MICHAEL.R.1155991263 Digitally signed by HERNANDEZ.MICHAEL.R.1155991263 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=HERNANDEZ.MICHAEL.R.1155991263 Date: 2018.08.24 09:39:06 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-08-24

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.08.24 09:39:06 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Field Manager	2018-08-24	Robert Hood Digitally signed by Robert Hood Date: 2018.08.24 09:39:31 -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				

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 Michael Hernandez	3. DATE ACTIVITY COMPLETED 2018-11-06

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 Inner fence	McKinley County, Gallup NM	28/60 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER
AECOM Technical Services, Inc	W912BV-16-C-0033
	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 35 have passed QA inspection: H30. No discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify*

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-11-07	HERNANDEZ.MICHAEL.R.1155991263 Digitally signed by HERNANDEZ.MICHAEL.R.1155991263 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=HERNANDEZ.MICHAEL.R.1155991263 Date: 2018.11.07 15:03:36 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE
	2018-11-07

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.11.07 15:05:49 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-11-07	Robert Hood Digitally signed by Robert Hood Date: 2018.11.07 15:06:37 -07'00'

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				

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	3. DATE ACTIVITY COMPLETED
Daniel McKinnon	2018-09-10

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 Inner fence	McKinley County, Gallup NM	52/82 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER
AECOM Technical Services, Inc	W912BV-16-C-0033
	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grid from production lot # 35 have passed QA inspection: F31. No discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify*

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-09-12	MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.09.12 09:21:26 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME	18. DATE
Robert Hood	2018-09-12

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
Robert Hood
Digitally signed by Robert Hood
Date: 2018.09.12 09:22:36 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Field Manager	2018-09-12	Robert Hood Digitally signed by Robert Hood Date: 2018.09.12 09:23:09 -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				

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
Daniel McKinnon

3. DATE ACTIVITY COMPLETED
2018-10-22

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
61/41 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 35 have passed QA inspection: E30, F30, G30 and E31. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-10-24

16. USACE REPRESENTATIVE'S SIGNATURE
MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=US, Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.10.24 09:49:29 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-10-24

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.10.24 09:36:42 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-10-24	Robert Hood Digitally signed by Robert Hood Date: 2018.10.24 09:39:27 -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				

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.))* 66
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2018-05-22

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	39/76 Sunny/windy

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 36 have passed QA inspection: : G33 F33 E33. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-05-22	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.05.23 16:36:07 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2018-05-23

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.23 21:50:55 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-05-23	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.23 21:51:23 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*
73

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-06-06

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
39/76 Sunny/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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 36 have passed QA inspection: : C32, C33 C34, C35. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE
2018-06-06

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.06.07 08:57:59 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2018-06-08

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.08 12:52:02 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-06-08	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.08 12:52:28 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*
79

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-06-13

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
47/92 Sunny/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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 36 have passed QA inspection: : E32, F32, G32. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE
2018-06-13

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.06.13 17:38:15 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2018-06-14

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.14 11:49:45 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-06-14	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.14 11:50:08 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*
64

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-05-15

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
39/79 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 37 have passed QA inspection: : AQ29, AQ30, AP29, AP30, AO30. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE
2018-05-15

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.05.15 17:25:12 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2018-05-16

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.16 12:26:32 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-05-16	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.16 12:26:59 -06'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 63
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2018-05-09

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	46/87 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER	W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER	

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 37have passed QA inspection: : AM29, AN29, AO29, AM30, AN30. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-05-09	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.05.09 13:57:19 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2018-05-10

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.10 13:54:12 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-05-10	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.10 13:57:37 -06'00'

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
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
Daniel McKinnon

3. DATE ACTIVITY COMPLETED
2018-09-24

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
44/77 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 38 have passed QA inspection: AH30, AI30, AH29. No discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify*

15. DATE
2018-09-25

16. USACE REPRESENTATIVE'S SIGNATURE
MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.09.25 10:24:11 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-09-25

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.09.25 13:08:12 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-09-25	Robert Hood Digitally signed by Robert Hood Date: 2018.09.25 13:08:42 -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				

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
Daniel McKinnon

3. DATE ACTIVITY COMPLETED
2018-09-10

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
52/82 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 38 have passed QA inspection: AL30, AK30, and AJ30. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-09-12

16. USACE REPRESENTATIVE'S SIGNATURE
MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.09.12 09:22:25 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-09-12

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.09.12 09:21:31 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Field Manager	2018-09-12	Robert Hood Digitally signed by Robert Hood Date: 2018.09.12 09:22:01 -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				

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	3. DATE ACTIVITY COMPLETED
Daniel McKinnon	2018-10-22

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 Inner fence	McKinley County, Gallup NM	41/61 Partly Cloudy

7. CONTRACTOR	8. CONTRACT NUMBER	W912BV-16-C-0033
AECOM Technical Services, Inc	9. T.O. NUMBER	

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 38 have passed QA inspection: AL29, AK29, AJ29 and AI29. No discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify*

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-10-24	MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.10.24 08:15:49 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE
	2018-10-24

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.10.24 09:35:44 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-10-24	Robert Hood Digitally signed by Robert Hood Date: 2018.10.24 09:36:12 -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				

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.))* 63
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2018-05-09

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	46/87 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 39 have passed QA inspection: : AC29, AD29, AE29, AF29. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-05-09	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.05.09 13:58:52 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE
	2018-05-10

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.10 13:56:22 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-05-10	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.10 13:56:54 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 67

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-05-22

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 39/76 Sunny/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)*

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 39 have passed QA inspection: : AG29, AG30, AF30. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)*: [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor

[ ] e. Other, *Specify* QAR only

15. DATE: 2018-05-22

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2018.05.23 16:38:24 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-05-23

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2018.05.23 21:51:57 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-05-23	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.23 21:52:26 -06'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 72
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2018-06-06
4. PROJECT NAME Parcel 3 inner fence	5. PROJECT LOCATION McKinley County, Gallup, NM
6. WEATHER CONDITIONS 39/76 Sunny/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 Steve Smith/DJ Myers	☐ b. Design Center
☐ c. Remedial Action District TM	☐ 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 grids from production lot # 39 have passed QA inspection: : AD30, AE30. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE 2018-06-06	16. USACE REPRESENTATIVE'S SIGNATURE SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.06.06 15:52:34 -06'00'
17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2018-06-08

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.08 12:52:56 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-06-08	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.08 12:53:39 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 75

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-06-13

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 47/92 Sunny/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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 39 have passed QA inspection: : AC30. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE: 2018-06-13

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.06.13 17:28:43 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2018-06-14

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.14 11:48:46 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-06-14	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.14 11:49:13 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 22

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-10

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 45/75 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 40 have passed QA inspection: AA30. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-10

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2017.11.10 13:16:29 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-11-13

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2017.11.13 15:54:56 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-13	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.13 15:55:21 -07'00'

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

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

Team #: 2 Back Used: YES NO

Project: FWDA Grid AA 30 Date: 11-6-2017

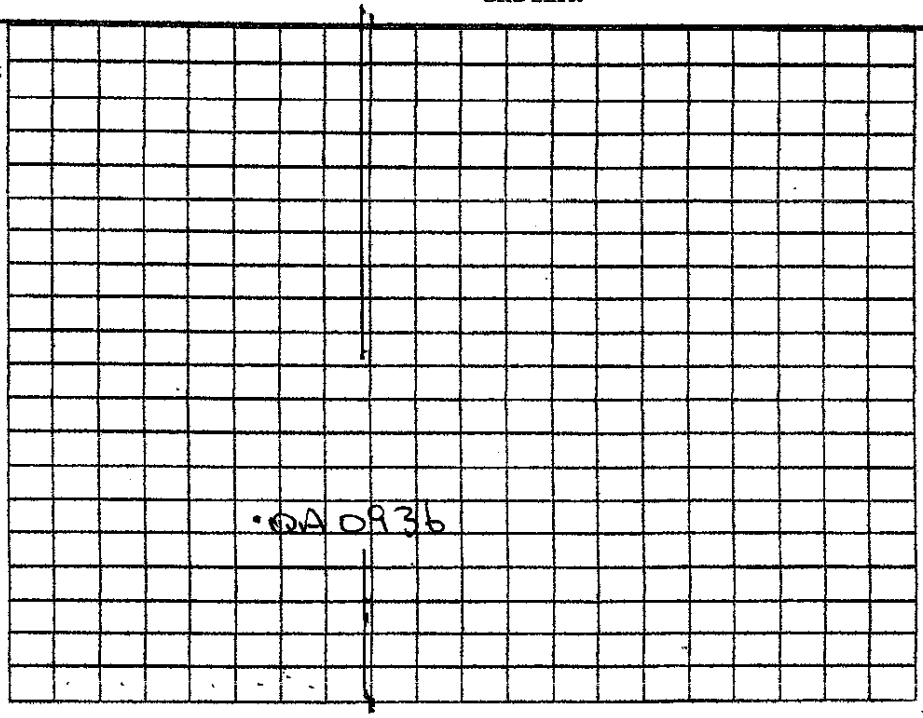
ALPHA ALPHA 30

Grid Sheet

✓ Schonstedt

✓ White

✓ T/L QC



MEC

SEEDS (QA/QC)

QA 0936

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-6-2017	629	0	131	0	0/1	40%	
Grid Total							

MEC or Other Significant Items (Use Back for additional.)

1 _____

2 _____

3 _____

4 _____

5 _____

Notes:

D165
203
322
104
629

67
51
65
5
131

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.))*: 25

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-15

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 24/66 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 40 have passed QA inspection: AB31, AB30, AA31. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-15

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2017.11.15 13:57:27 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-11-15

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2017.11.15 16:39:38 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-15	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.15 16:40:03 -07'00'

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

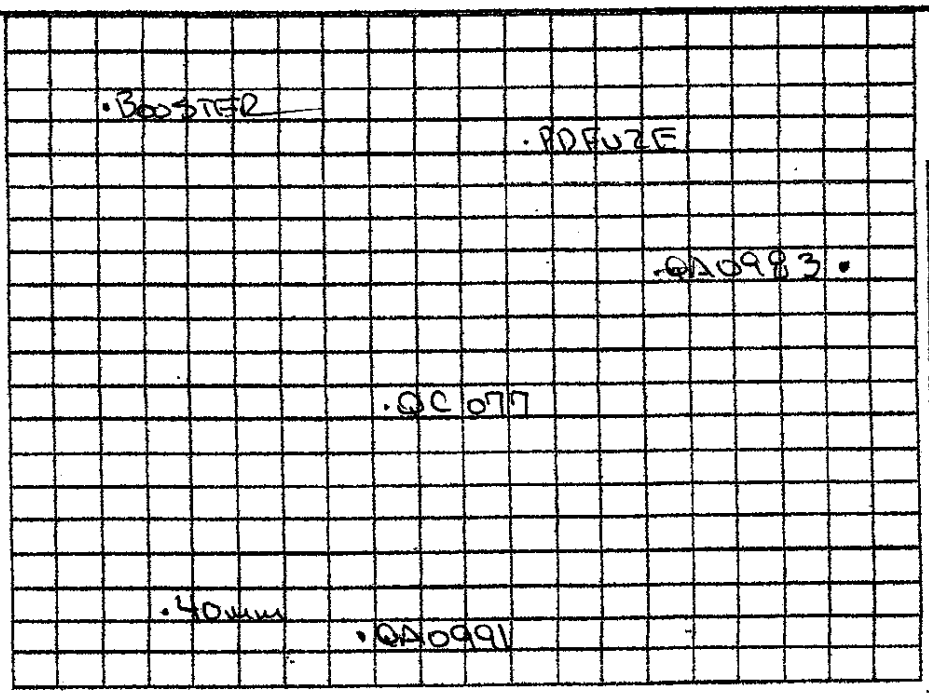
d. Government Actions (*reduced payment, cure notice, show cause, other*)

Team #: 2 Back Used: YES (NO)

Project: FWDA Grid AB31 Lot 40 Date: 11-8-2017

Grid Sheet

✓ Schonstedt
✓ White
✓ T/L QC



MEC
40mm NO FUZE
PD FUZE
BOOSTER

SEEDS (QA/QC)
QA 0991
QC 077
QA 0983

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-8-2017	1052	3	246	0	112	100	
Grid Total	1052	3	246	0	112	100	

MEC or Other Significant Items (Use Back for additional.)

1 1EA 40mm NO FUZE
2 1EA PD FUZE
3 1EA BOOSTER
4
5

Notes:

WT
49
41
47
47
35
219
27

DIGS
127
88
245
189
145
157
991
102

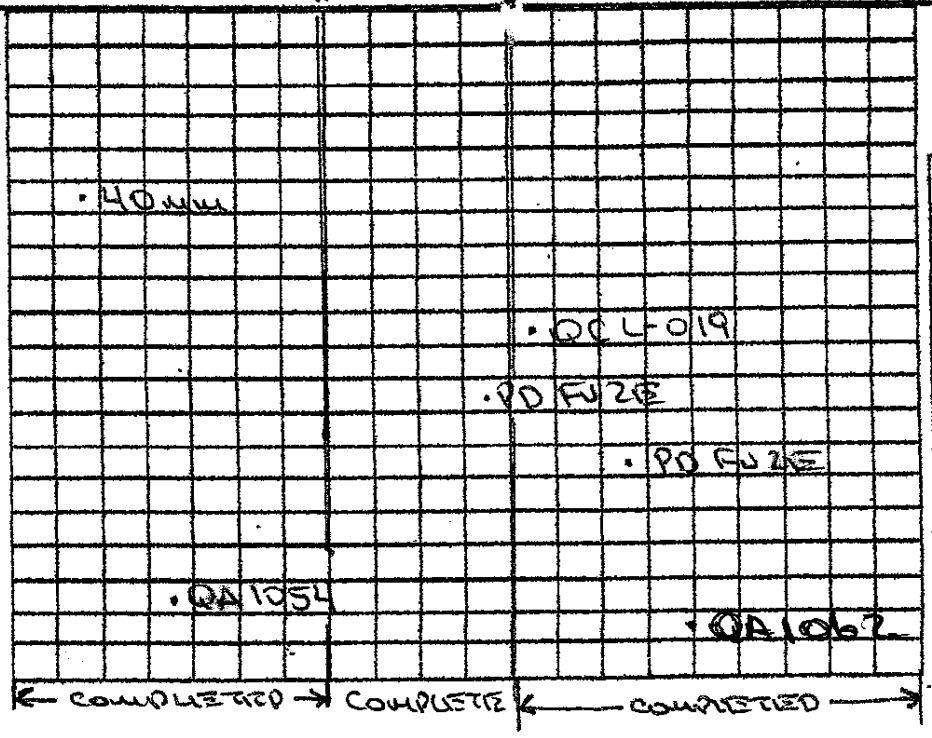
Back Used: YES (NO)

Team #: 2

Project: FWDA Grid AB 30 Lot 40 Date: 11-7-2017

Grid Sheet

✓ Schonstedt
✓ White
✓ T/L QC



MEC
PD FUZE ✓
40 mm FUZED ✓
PD FUZE ✓

SEEDS (QA/QC)
QA 1054 ✓
QC-L-019 ✓
QA 1062

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-7-2017	1085	0	247	0	1/1	80	
11-8-2017	233	3	72	0	0/1	20	
Grid Total	1318	3	319	0	1/2	100	

MEC or Other Significant Items (Use Back for additional.)

1 2EA - PD FUZE
2 1EA - 40mm FUZED
3
4
5

Notes:

Team #: 2

Back Used: YES (NO)

Project: FWDA

Grid AA 31 Lot 40

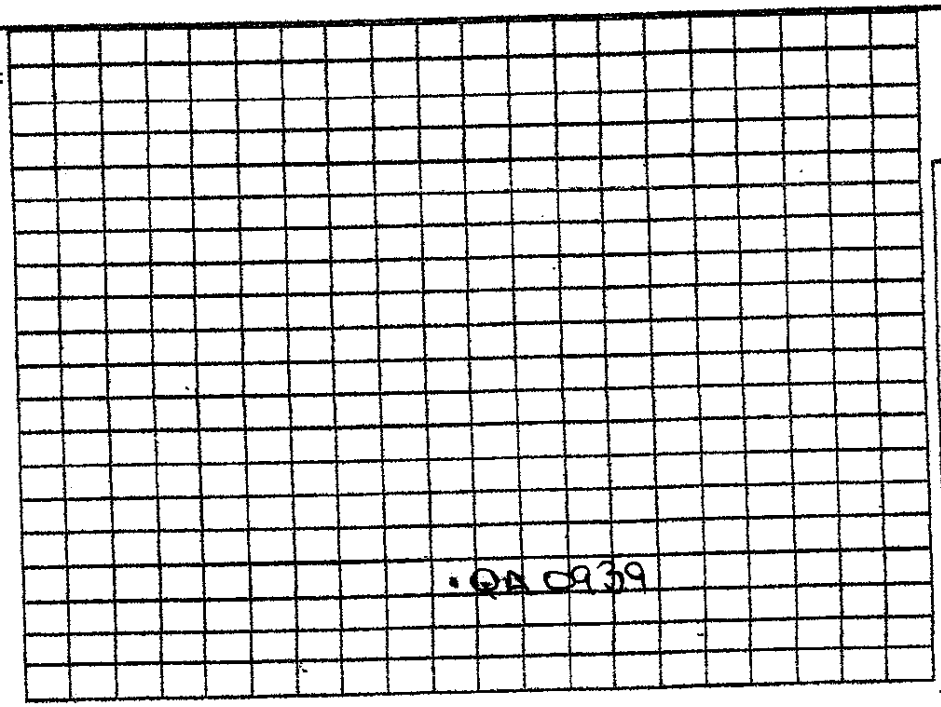
Date: 11-8-2017

Grid Sheet

✓ Schoustedt

✓ White

✓ T/L QC



MEC

SEEDS (QA/QC)

QA 0939

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-8-2017	323	0	107	0	011	25	
Grid Total							

MEC or Other Significant Items (Use Back for additional.)

1 _____

2 _____

3 _____

4 _____

5 _____

Notes:

GT
58
19
30
107

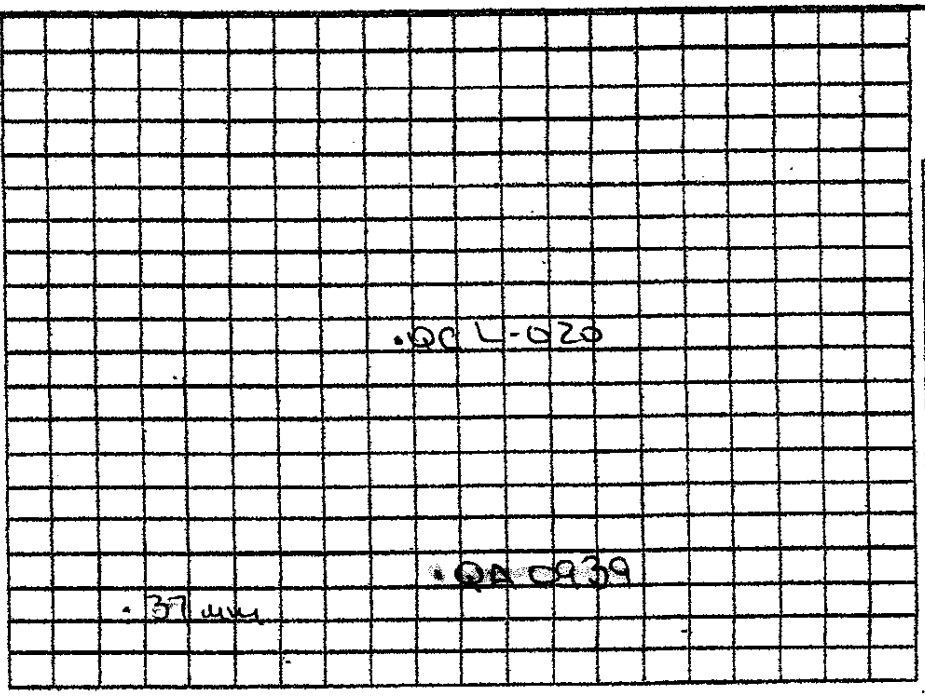
DUDS
189
51
83
323

Team #: 2 Back Used: YES (NO)

Project: FWDA Grid AA 31 Lot 40 Date: 11-8-2017

Grid Sheet

✓ Schoonstedt
✓ White
✓ T/L QC



MEC
37mm NO FUZE

SEEDS (QA/QC)
~~QA 0939~~
QC L-020

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-8-2017	323	0	107	0	0/1	25	
11-9-2017	756	1	235	0	1/0	75	
Grid Total	1079	1	342	0	1/1	100	

MEC or Other Significant Items (Use Back for additional.)

1 1 EA - 37mm NO FUZE
2
3
4
5

Notes:

11-9
D165
74
159
132
234
139
21
ST
37
49
41
49
27
32
ST
58
19
30
107
D16
189
51
83
323

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.))*: 31

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-11-20

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 24/66 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 40 have passed QA inspection: X31, X30, Y31, Y30, Z31, Z30. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-11-20

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.11.20 14:41:52 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE: 2017-11-20

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.20 15:23:10 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-20	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.20 15:23:38 -07'00'

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

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

#1

Team #: 2 Back Used: YES (NO) 1245

Project: FWDA Grid X-31 Lot40 Date: 11-10-2017

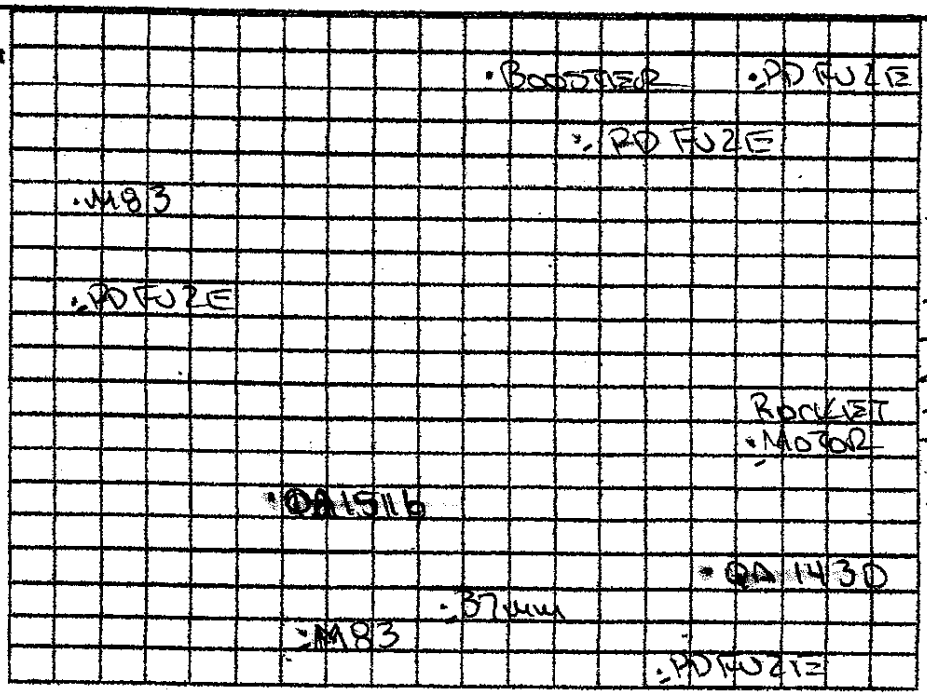
X-RAY 37mm ONE

Grid Sheet

✓ Schoonstedt

✓ White

✓ T/L QC



MEC
- PD FUZE
- BOOSTER
- PD FUZE
- 3.5" RKT MOTOR
- M83 FUZED
- PD FUZE
- PD FUZE
- 37mm NO FUZE
- M83 FUZED

SEEDS (QA/QC)
- QA-1430
- QA-1516

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-10-2017	202	0	88	0	0/2	15	
11-13-2017	1161	9	362	0	0/0	85	
Grid Total	1363	9	450	0	0/2	100	

MEC or Other Significant Items (Use Back for additional.)

1 1 EA - PD FUZE
2 1 EA - 37mm NO FUZE
3 1 EA - 3.5 in RKT MOTOR
4 1 EA - BOOSTER
5 2 EA - M83 FUZED - LEFT IN PLACE

Notes:

67
42
11
34
85
50
26
53
47
55
22
34
31
29
15
362
DIG
121
7
20
90
91
158
107
124
141
91
179
180
1161

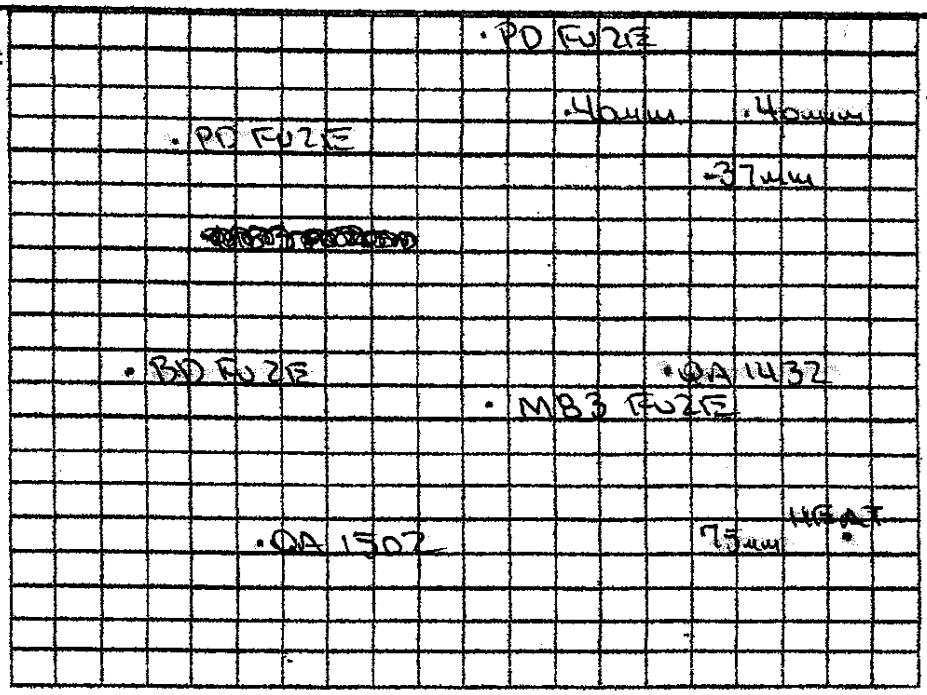
#2

Team #: 2 Back Used: YES (NO)

Project: FWDA Grid X30 LOT 40 Date: 11-13-2017
X 0A4 THRU 24

Grid Sheet

✓ Schonstedt
✓ White
✓ T/L QC



MEC
40 mm NO FUZE
75mm HEAT FUZED
PD FUZE
BD FUZE
37mm NO FUZE
40mm NO FUZE
PD FUZE
M83 FUZE (BIP)
SEEDS (QA/QC)
QA 1432
QA 1502

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-13-2017	620	4	218	0	0/1	50	
11-14-2017	939	4	390	0	0/1	50	
Grid Total	1559	8	608	0	0/2	100	

MEC or Other Significant Items (Use Back for additional)

11-14-2017

1	1 EA - PD FUZE 11-13-17	1 EA 37mm - NO FUZE
2	1 EA - BD FUZE	1 EA - 40mm NO FUZE
3	1 EA - 75mm FUZED	1 EA - PD FUZE
4	1 EA - 40mm NO FUZE	1 EA - IMPACT FUZE (M83) BIP
5		

Notes:

WT
45
37
38
47
12
39
218
46
38
32
57
35
24
29
28
37
128
112
15
128
97
62
110
98
137
119
79
99
66
157
74
939

Back Used: YES (NO)

Team #: 2

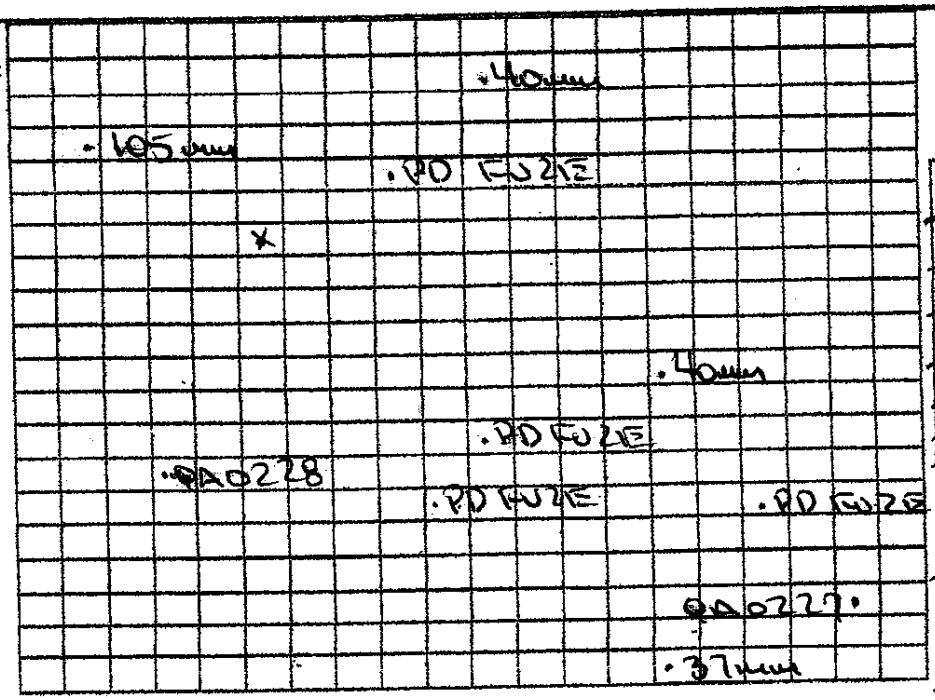
Project: FWDA Grid 4-31 LOT 40 Date: 11-10-2017

HANGE 31

Grid Sheet

407

✓ Schonstedt
✓ White
✓ T/L QC



MEC
- 37mm FUZED
- PD FUZE
- 105mm FUZED
- 40mm NO FUZE
- PD FUZE
- PD FUZE
- 40mm NO FUZE
- PD FUZE

SEEDS (QA/QC)
- QA-0227
- QA-0228

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-10-2017	1101	8	432	0	012	100	
Grid Total	1101	8	432	0	012	100	

MEC or Other Significant Items (Use Back for additional.)

1 1 EA - 37mm FUZED
2 2 EA - 40mm NO FUZE
3 1 EA - 105mm FUZED (PARTIAL ROUND)
4 4 EA - PD FUZES
5

Notes:

WT
39
37
48
39
57
72
31
53
31
25
432

DIGS
120
99
135
189
137
105
67
64
185
1101

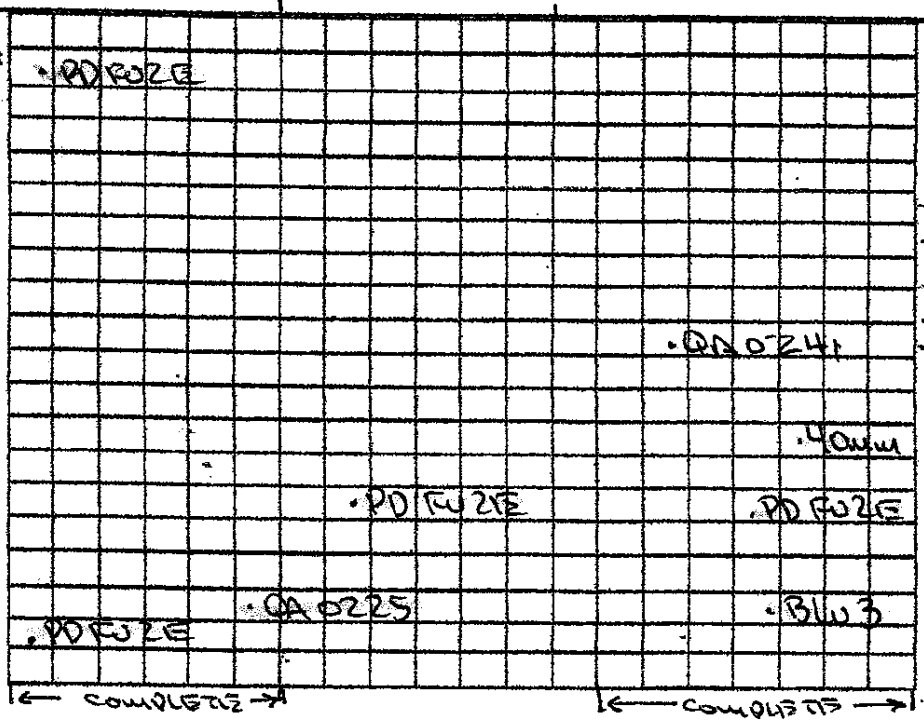
Team #: 2 Back Used: YES (NO)

Project: FWDA Grid Y30 LOT 40 Date: 11-14-2017

WAYSEE 30

Grid Sheet

✓ Schoustedt
✓ White
✓ T/L QC



MEC
BLU 3 - NO FUZE
PD FUZE
40MM NO FUZE
PD FUZE
PD FUZE
PD FUZE

SEEDS (QA/QC)
QA 0225
QA 0241

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-14-2017	953	6	325	0	0/1	70	
11-15-2017	481	0	180	0	0/1	30	
Grid Total	1434	6	505	0	0/2	100	

MEC or Other Significant Items (Use Back for additional.) 11-15-2017

1 4 EA - PD FUZE 11-14-17 — NO MEC
2 1 EA - 40MM NO FUZE
3 1 EA - BLU 3 NO FUZE
4
5

Notes:

ST: 24, 33, 59, 48, 22, 21, 52, 51 | 310, 15 | 325, 51, 29, 41, 42, 19 | 180

DU: 135, 156, 89, 93, 197, 142, 58, 82 | 951, 107, 63, 48, 66, 113 | 611, 23 | 681

#7

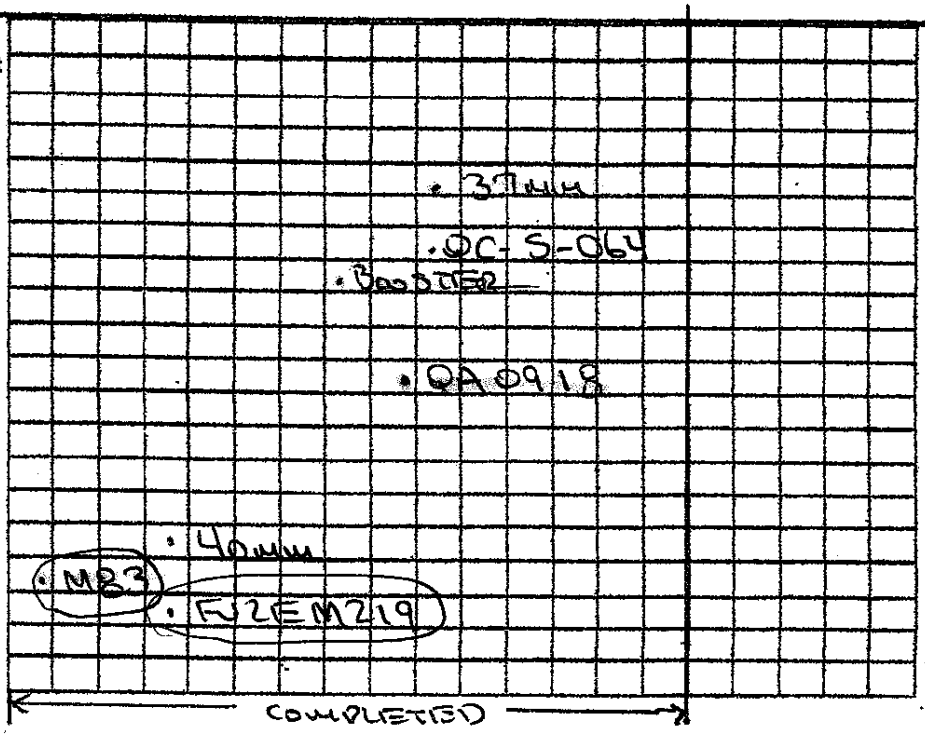
Team #: 2 Back Used: YES (NO)

Project: FWDA Grid Z-31 LOT 40 Date: 11-9-2017

Grid Sheet

DIGS
90
153
107
350

✓ Schonstedt
✓ White
✓ T/L QC



MEC
37mm NO FUZE
BOOSTER
M83 FUZED
40 mm NO FUZE
FUZE M219-BIP

WT
34
28
47
42
32
183

SEEDS (QA/QC)
QC-S-064
QA-0918

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-9-2017	661	3	183	0	1/1	75%	
11-10-2017	350	2	136	0	0/0	25%	
Grid Total	1011	5	319	0	1/1	100	

DIGS
32
177
139
109
17
187
661

MEC or Other Significant Items (Use Back for additional.)

1 1 EA M83 FUZED - LEFT IN PLACE
2 1 EA 40mm HE - NO FUZE
3 1 EA - BOOSTER
4 1 EA - 37mm NO FUZE
5 1 EA - FUZE M219

WT
62
41
33
136

Notes:

Team #: 2 Back Used: YES (NO)

Project: FWDA Grid 230 LOT 40 Date: 11-15-2017

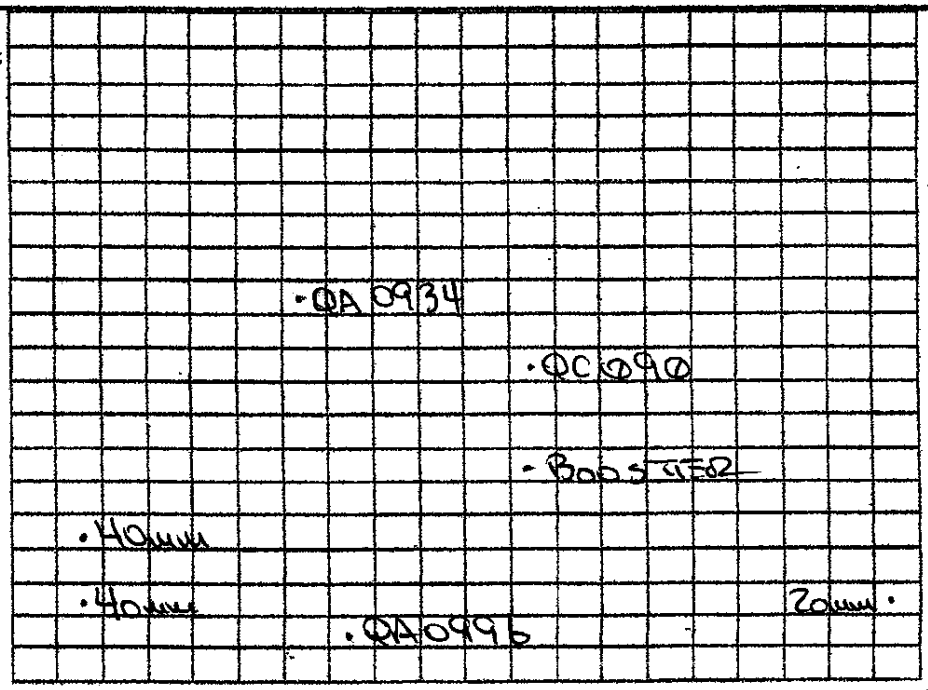
2W30

Grid Sheet

✓ Schonstedt

✓ White

✓ T/L QC



MEC
20mm NO FUZE
40mm NO FUZE
40mm NO FUZE
BOOSTER

SEEDS (QA/QC)
QA 0996
QA 0934
QC 090

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-15-2017	810	4	327	0	112	100	
Grid Total	810	4	327	0	112	100	

MEC or Other Significant Items (Use Back for additional.)

1 1 EA - 20mm NO FUZE
2 2 EA - 40mm NO FUZE
3 1 EA - BOOSTER
4
5

Notes:

WT

DIGS
300
92
110
71
131
128
147
95
810

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.))*
61

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-05-09

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
46/87 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)*

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 41 have passed QA inspection: : W30, T30, V30, U30. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)* [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE
2018-05-09

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.05.09 13:04:29 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2018-05-10

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.10 13:58:08 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-05-10	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.10 13:58:33 -06'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 71
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2018-06-06

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	39/76 Sunny/windy

7. CONTRACTOR	8. CONTRACT NUMBER	W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER	

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 41 have passed QA inspection: : V31, U31, W31. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-06-06	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.06.07 09:06:05 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2018-06-08

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.08 12:54:20 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-06-08	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.08 12:54:59 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*
68

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-05-22

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
39/76 Sunny/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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 41 have passed QA inspection: : S30, S31, T31. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE
2018-05-22

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.05.23 10:40:31 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2018-05-23

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.23 21:52:57 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-05-23	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.23 21:53:30 -06'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 86
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2018-07-19

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	47/92 Sunny/windy

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 42 have passed QA inspection: : Q31, P31, O31, N31. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-07-25	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.07.25 11:31:29 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE 2018-07-26

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.07.30 12:09:43 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-07-26	Robert Hood Digitally signed by Robert Hood Date: 2018.07.30 12:10:20 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*
78

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-06-13

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
47/92 Sunny/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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 42 have passed QA inspection: : N30, O30. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE
2018-06-13

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2018.06.13 17:36:47 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2018-06-14

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2018.06.14 11:51:30 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-06-14	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.14 11:52:04 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 82

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-07-11

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 47/92 Sunny/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)*

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 42 have passed QA inspection: : P30, Q30, R30, R31. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)*: [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2018-07-16

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2018.07.16 16:40:48 -05'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Robert Hood

18. DATE: 2018-07-17

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
Robert Hood
Digitally signed by Robert Hood
Date: 2018.07.17 11:07:00 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	SUXOS	2018-07-17	Robert Hood Digitally signed by Robert Hood Date: 2018.07.17 11:07:29 -06'00'

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
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
Daniel McKinnon

3. DATE ACTIVITY COMPLETED
2018-10-22

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
58/90 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 43 have passed QA inspection: L30 and M30. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-10-24

16. USACE REPRESENTATIVE'S SIGNATURE
MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.10.29 12:55:05 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-10-24

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.10.29 12:59:29 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-10-24	Robert Hood Digitally signed by Robert Hood Date: 2018.10.29 13:00:13 -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				

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 Daniel McKinnon		3. DATE ACTIVITY COMPLETED 2018-09-10
4. PROJECT NAME Parcel 3 Inner fence	5. PROJECT LOCATION McKinley County, Gallup NM	6. WEATHER CONDITIONS 52/82 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 Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 43 have passed QA inspection: K31, L31, and M31. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify*

15. DATE 2018-09-12	16. USACE REPRESENTATIVE'S SIGNATURE MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.09.13 06:58:48 -06'00'
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE 2018-09-12

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.09.12 09:20:21 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Field Manager	2018-09-12	Robert Hood Digitally signed by Robert Hood Date: 2018.09.12 09:20:55 -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				

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
Daniel McKinnon

3. DATE ACTIVITY COMPLETED
2018-09-24

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
44/77 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 43 have passed QA inspection: J30, J31, I30, I31,K30. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-09-25

16. USACE REPRESENTATIVE'S SIGNATURE
MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.09.25 10:20:30 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-09-25

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.09.25 13:05:15 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-09-25	Robert Hood Digitally signed by Robert Hood Date: 2018.09.25 13:07:47 -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				

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
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-12-18

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
24/63 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 44 have passed QA inspection: : C28, C29. Grid passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE
2018-12-18

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2018.12.18 12:47:14 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-12-18

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood
Digitally signed by Robert Hood
Date: 2018.12.18 13:15:09 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-12-14	Robert Hood Digitally signed by Robert Hood Date: 2018.12.18 13:15:38 -07'00'

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
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
Michael Hernandez

3. DATE ACTIVITY COMPLETED
2018-11-06

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
28/60 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)*

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 44 have passed QA inspection: F28, G28, G29. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)* [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-11-07

16. USACE REPRESENTATIVE'S SIGNATURE
HERNANDEZ.MICHAEL.R.1155991263 Digitally signed by HERNANDEZ.MICHAEL.R.1155991263 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=HERNANDEZ.MICHAEL.R.1155991263 Date: 2018.11.07 11:06:38 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-11-15

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
Robert Hood Digitally signed by Robert Hood Date: 2018.11.15 12:21:26 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-11-15	Robert Hood Digitally signed by Robert Hood Date: 2018.11.15 12:21:56 -07'00'

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				

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
Michael Hernandez

3. DATE ACTIVITY COMPLETED
2018-11-16

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
17/53 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 44 have passed QA inspection: E28, E29, F29, C31. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-11-16

16. USACE REPRESENTATIVE'S SIGNATURE
HERNANDEZ.MICHAEL.R.1155991263 Digitally signed by HERNANDEZ.MICHAEL.R.1155991263 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=HERNANDEZ.MICHAEL.R.1155991263 Date: 2018.11.16 15:12:30 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-11-16

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.11.16 15:12:04 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-11-16	Robert Hood Digitally signed by Robert Hood Date: 2018.11.16 15:12:30 -07'00'

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				

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.))* 65
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2018-05-22

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	39/76 Sunny/windy

7. CONTRACTOR	8. CONTRACT NUMBER
AECOM Technical Services, Inc.	W912BV-16-C-0033
	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 45 have passed QA inspection: : AQ28, AP28. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-05-22	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.05.23 09:58:44 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE
	2018-05-23

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.23 21:49:39 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-05-23	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.05.23 21:50:12 -06'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 70
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2018-06-06

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	39/76 Sunny/windy

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 45 have passed QA inspection: : AN28, AM28, AN27, AM27. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-06-06	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.06.06 15:50:42 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2018-06-08

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.08 12:55:26 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-06-08	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.08 12:56:19 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*
77

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-06-13

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
47/92 Sunny/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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 45 have passed QA inspection: : AQ27, AO27, AP27. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE
2018-06-13

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2018.06.14 08:33:40 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2018-06-14

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2018.06.14 11:47:45 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-06-14	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.14 11:48:11 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 83

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2018-07-11

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 47/92 Sunny/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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 45 have passed QA inspection: : AO28. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE: 2018-07-16

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2018.07.16 19:47:55 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Robert Hood

18. DATE: 2018-07-17

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood
Digitally signed by Robert Hood
Date: 2018.07.17 10:43:39 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	SUXOS	2018-07-17	Robert Hood Digitally signed by Robert Hood Date: 2018.07.17 10:59:18 -06'00'

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
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	3. DATE ACTIVITY COMPLETED
Michael Hernandez	2018-11-06

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 Inner fence	McKinley County, Gallup NM	28/60 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER
AECOM Technical Services, Inc	W912BV-16-C-0033
	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 46 have passed QA inspection: AI28, AJ28, AK28, AL28. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)* ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify*

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-11-07	HERNANDEZ.MICHAEL.R.1155991263 Digitally signed by HERNANDEZ.MICHAEL.R.1155991263 Date: 2018.11.07 10:53:01 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME	18. DATE
Robert Hood	2018-11-07

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
Robert Hood Digitally signed by Robert Hood Date: 2018.11.07 14:57:58 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-11-07	Robert Hood Digitally signed by Robert Hood Date: 2018.11.07 14:58:26 -07'00'

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				

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
Michael Hernandez

3. DATE ACTIVITY COMPLETED
2018-11-16

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
17/53 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 46 have passed QA inspection: AH27, AH28, AI27. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-11-16

16. USACE REPRESENTATIVE'S SIGNATURE
HERNANDEZ.MICHAEL.R.1155991263

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-11-16

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood
Digitally signed by Robert Hood
Date: 2018.11.16 15:10:20 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-11-16	Robert Hood Digitally signed by Robert Hood Date: 2018.11.16 15:10:55 -07'00'

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				

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
Michael Hernandez

3. DATE ACTIVITY COMPLETED
2018-11-06

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
28/60 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 47 have passed QA inspection: AD28, AE28. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-11-07

16. USACE REPRESENTATIVE'S SIGNATURE
HERNANDEZ.MICHAEL.R.1155991263
Digitally signed by HERNANDEZ.MICHAEL.R.1155991263
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=HERNANDEZ.MICHAEL.R.1155991263
Date: 2018.11.07 10:57:59 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-11-07

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood
Digitally signed by Robert Hood
Date: 2018.11.07 15:02:28 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-11-07	Robert Hood Digitally signed by Robert Hood Date: 2018.11.07 15:03:04 -07'00'

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				

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
Michael Hernandez

3. DATE ACTIVITY COMPLETED
2018-11-16

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
17/53 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 47 have passed QA inspection: AC28. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-11-16

16. USACE REPRESENTATIVE'S SIGNATURE
HERNANDEZ.MICHAEL.R.1155991263

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-11-16

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood
Digitally signed by Robert Hood
Date: 2018.11.16 15:13:59 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-11-16	Robert Hood Digitally signed by Robert Hood Date: 2018.11.16 15:14:39 -07'00'

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				

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
Daniel McKinnon

3. DATE ACTIVITY COMPLETED
2018-10-22

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
61/41 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 47 have passed QA inspection: AF28 and AG28. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-10-24

16. USACE REPRESENTATIVE'S SIGNATURE
MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.10.24 08:40:14 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-10-24

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.10.24 09:30:54 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-10-24	Robert Hood Digitally signed by Robert Hood Date: 2018.10.24 09:31:22 -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				

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
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2019-03-27

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
32/70 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 from production lot # 47 have passed QA inspection: AF27, AG27. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE
2019-03-27

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.03.28 17:20:39 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2019-03-29

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2019.03.29 11:16:34 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-03-29	Robert Hood Digitally signed by Robert Hood Date: 2019.03.29 11:17:09 -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
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
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-12-18

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
24/63 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 47 have passed QA inspection: : AC27, AD27, AE27 . Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE
2018-12-18

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.12.18 13:45:35 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-12-18

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.12.18 13:18:44 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-12-18	Robert Hood Digitally signed by Robert Hood Date: 2018.12.18 13:19:19 -07'00'

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** The proponent agency is CESO. *See instructions on page 2.*	1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))* 59
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2018-02-27

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	24/52 partly cloudy

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 48 have passed QA inspection: : Z-28, AA-28, AB-28, AB-29, AA-29. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-02-28	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.03.01 15:55:18 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2018-03-01

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.01 15:55:18 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-01	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.01 15:55:42 -07'00'

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

The proponent agency is CESO. *See Instructions on page 2.*

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*: 67

2. USACE REPRESENTATIVE'S NAME: Michael Slavens

3. DATE ACTIVITY COMPLETED: 2018-03-21

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 63/36, 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*)

- ☐ a. District Program/Project Manager Steve Smith/DJ Myers
- ☐ b. Design Center
- ☐ c. Remedial Action District TM
- ☐ 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 grids from production lot # 48 have passed QA inspection: X28, Y28. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE: 2018-03-21

16. USACE REPRESENTATIVE'S SIGNATURE: SLAVENS.MICHAEL.RAY.1177947284 Digitally signed by SLAVENS.MICHAEL.RAY.1177947284 Date: 2018.03.21 16:53:14 -05'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE: 2018-03-23

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.23 08:46:46 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-23	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.23 08:47:47 -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				

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.))*	08
2. USACE REPRESENTATIVE'S NAME	Chris Graber
3. DATE ACTIVITY COMPLETED	2018-03-30
4. PROJECT NAME	FWDA
5. PROJECT LOCATION	FWDA/Gallup/New Mexico
6. WEATHER CONDITIONS	NA
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 Saqib Khan
- ☐ b. Design Center
- ☐ c. Remedial Action District TM
- ☐ 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.)*
Quality Assurance Inspection of Inner Fence Grids

13. RESULTS AND OBSERVATIONS 24 / 10 / 20 / 48
Completed QA inspection of E39/F39/G39/O38/P38/Q38/R38/S38/E34, AND X29. All grids passed with no discrepancies.
NFE

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

☐ e. Other, *Specify* QAR only

15. DATE	2018-03-30
16. USACE REPRESENTATIVE'S SIGNATURE	GRABER.CHRISTOPHER.M.1013480156
17. CONTRACTOR REPRESENTATIVE'S NAME	Jason Scott Birchfield, STS
18. DATE	2018-03-30
19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.30 14:16:56 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-03-30	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.03.30 14:19:27 -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				

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.))*: 70

2. USACE REPRESENTATIVE'S NAME: Chris Graber

3. DATE ACTIVITY COMPLETED: 2018-04-02

4. PROJECT NAME: FWDA

5. PROJECT LOCATION: FWDA/Gallup/New Mexico

6. WEATHER CONDITIONS: NA

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 Saqib Khan
- ☐ b. Design Center
- ☐ c. Remedial Action District TM
- ☐ 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.)*
Quality Assurance Inspection of Inner Fence Grids

13. RESULTS AND OBSERVATIONS
Completed QA inspection of R-28/Z-29 Y-29/O-37, and N-37. All grids passed with no discrepancies.
50 / 48 / 19 NFE

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

☐ e. Other, *Specify* QAR only

15. DATE: 2018-04-02

16. USACE REPRESENTATIVE'S SIGNATURE
GRABER.CHRISTOPHER.M.1013480156 Digitally signed by GRABER.CHRISTOPHER.M.1013480156 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=GRABER.CHRISTOPHER.M.1013480156 Date: 2018.04.18 08:39:39 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE: 2018-04-17

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.17 08:41:18 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-04-17	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.17 08:41:46 -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				

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.))* 32
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2017-11-20

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	24/66 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 49 have passed QA inspection: W28. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2017-11-20	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.11.20 14:45:31 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2017-11-20

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.20 15:28:02 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-11-20	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.11.20 15:28:27 -07'00'

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				

1 of 2

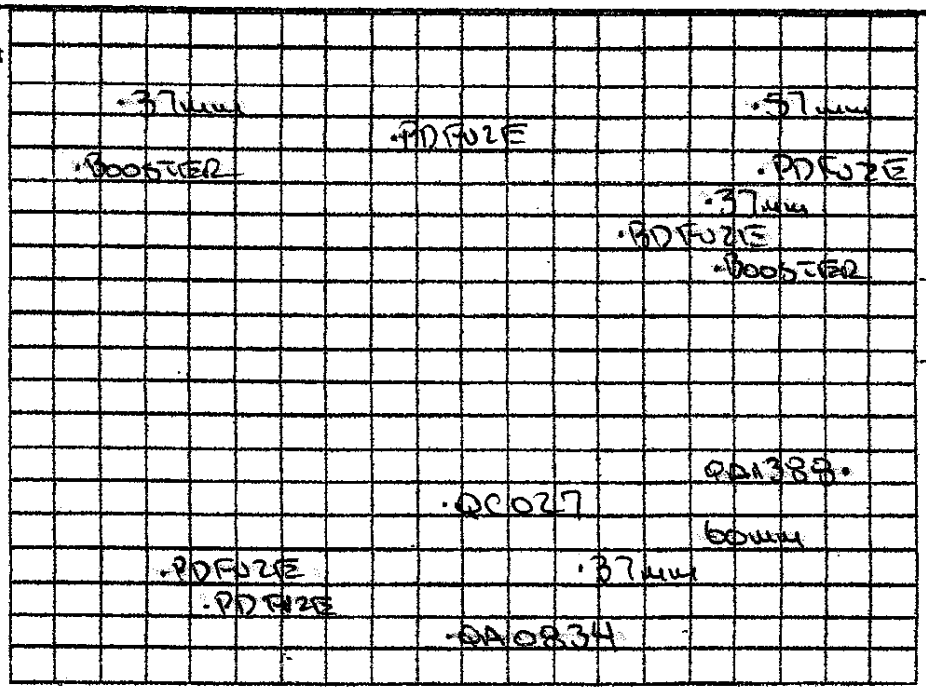
2 of 2

Team #: 2 Back Used: YES (NO)

Project: FWDA Grid W28 Lot49 Date: 11-16-2017

Grid Sheet

✓ Schoustedt
✓ White
✓ T/L QC



MEC

57mm FUZED
PD FUZE
37mm NO FUZE
BOOSTER
BD FUZE
37mm NO FUZE
BOOSTER
PD FUZE
PD FUZE
60mm MORTAR NO FUZE
PD FUZE 37mm NO FUZE

SEEDS (QA/QC)

QA 0834
QA 1389
QC 027

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-16-2017	1850	10	659	0	0/2	85	
11-17-2017	327	2	74	0	1/0	15	
Grid Total	2177	12	733	0	1/2	100	

MEC or Other Significant Items (Use Back for additional.)

11-16-17

1 2 EA 37 mm NO FUZE
2 1 EA 57 mm FUZED
3 1 EA 60 mm NO FUZE
4 3 EA PD FUZE
5 1 EA BD FUZE

11-17-2017

1 EA PD FUZE
1 EA 37 mm NO FUZE

Notes: 2 EA BOOSTER

WT

46
43
44
42
59
39
47
24
31
23
27
30
54
33
49
40
28
659

DIGS

121
113
171
101
76
92
135
79
81
145
59
142
1314
27
132
84
103
89
195

DIGS: 120 + 207 = 327

WT: 57-8-29 = 74

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.))*: 38

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-12-12

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 7/54 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 49 have passed QA inspection: T29, U29, V29, W29. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-12-12

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.12.13 07:12:13 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-12-13

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.13 13:25:45 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-12-13	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.13 13:26:14 -07'00'

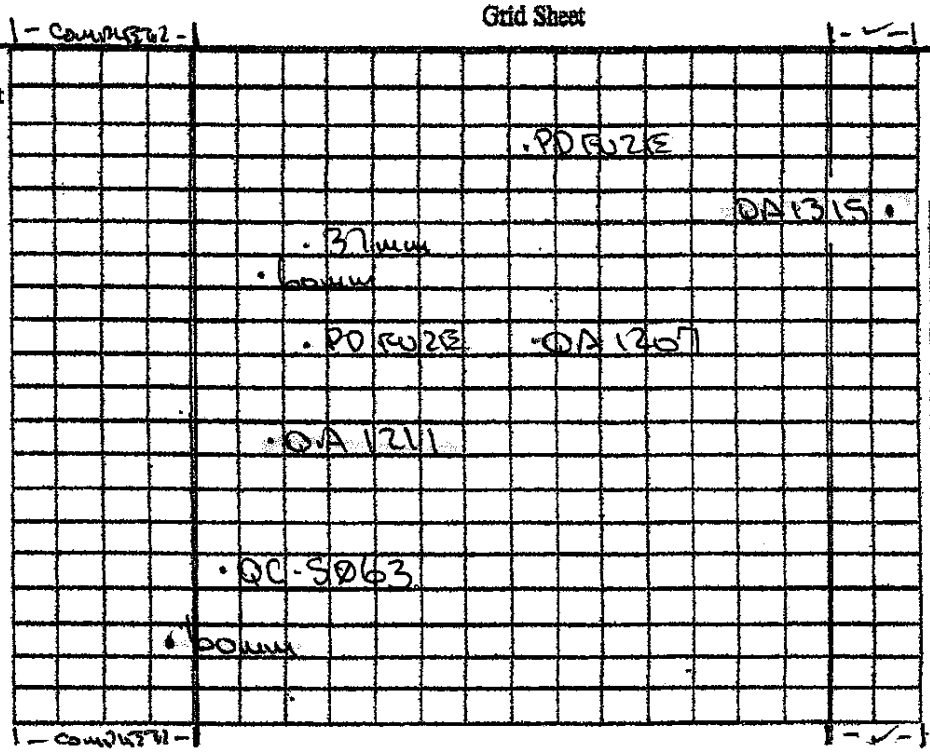
c. Government Evaluation (*acceptance, partial acceptance, etc.*)

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

Team #: 2 Back Used: YES (NO) 1 OF 2 2 OF 2

Project: FWDA Grid T29 LOT 49 TANGO TWO NINER Date: 12-1-2017 1300

Grid Sheet



Schoustedt
White
T/L QC

MEC
60mm NO FUZE
PD FUZE
60 mm FUZED
37mm NO FUZE
PD FUZE

SEEDS (QA/QC)
QA-1211
QA-1315
QC-5063
QA-1207

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
12-1-2017	397	1	120	0	012	30	
	1200	4	314	0	111	70	
Grid Total	1597	5	314	0	113	100	

MEC or Other Significant Items (Use Back for additional.)

	12-1-2017	12-4-2017
1		
2	60mm NO FUZE - 1 BACK	2EA - PD FUZE
3		1EA - 60mm FUZED
4		1EA - 37mm NO FUZE
5		

Notes:

WT
35
12
52
21
120
30
41
39
30
31
26
33
28
47
9
314

1165
128
162
107
397
52
122
126
135
131
113
108
112
145
156
1200

1 of 2
2 of 2
BIP

Back Used: YES (NO)

Team #: 2

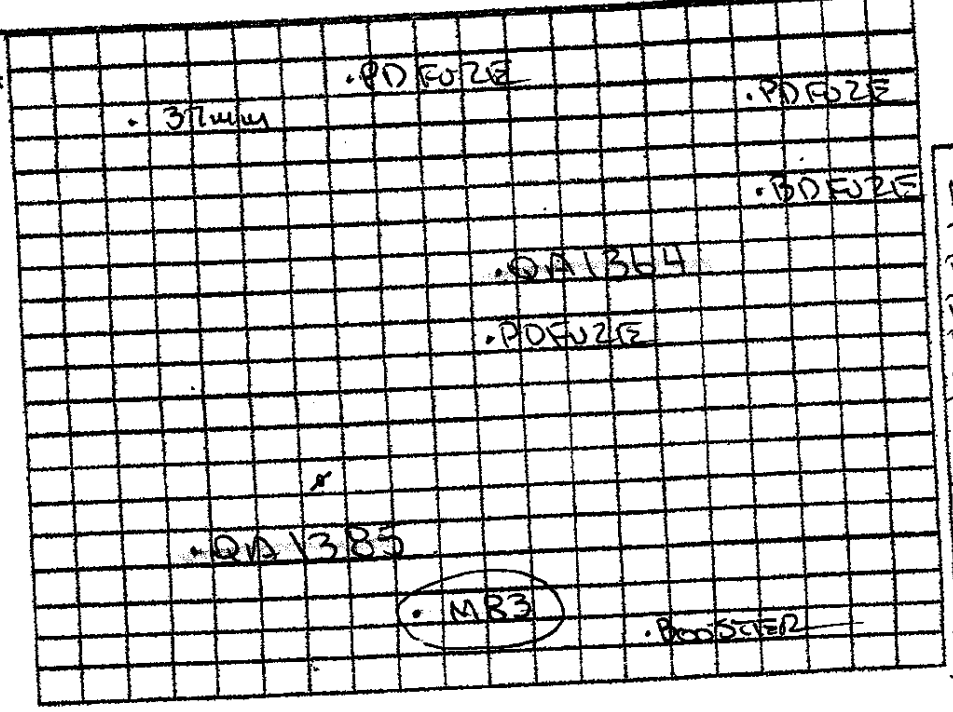
Project: FWDA

Grid U29 Lot 49
UNIFORM TWO NINE

Date: 12-4-2017

Grid Sheet

✓ Schoonstedt
✓ White
✓ T/L QC



MEC
M83 FUZED
37mm NO FUZE
PD FUZE
PD FUZE
BOOSTER
PD FUZE
BD FUZE

SEEDS (QA/QC)
QA 1364
QA 1385

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
12-4-2017	332	0	100	0	012	20	
12-5-2017	1229	7	360	0	010	80	
Grid Total	1561	7	460	0	012	100	

MEC or Other Significant Items (Use Back for additional)

1 1 EA M83 FUZED
2 1 EA 37mm NO FUZE
3 3 EA PD FUZE
4 1 EA BOOSTER
5 1 EA BD FUZE

Notes:

WT
32
29
39
100
25
31
44
27
28
30
29
43
30
25
48
360

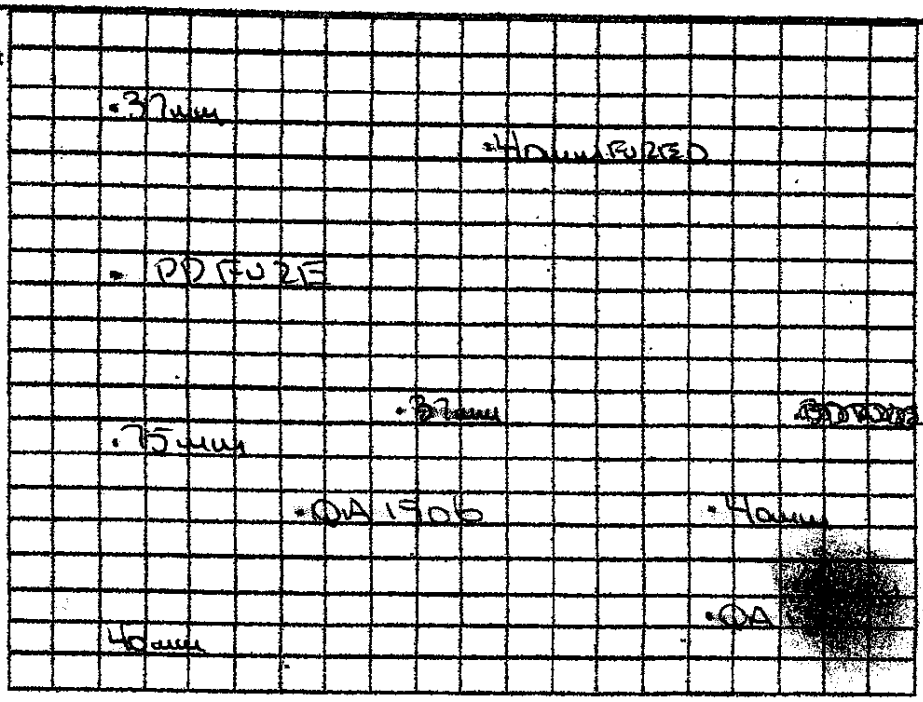
DIGS
64
121
145
330
211
84
74
97
121
81
36
18
20
129
127

Team #: 2 Back Used: YES (NO) 2 of 2

Project: FWDA Grid V29 to T49 Date: 12-5-2017

Grid Sheet

✓ Schoustedt
✓ White
✓ T/L QC



MEC
37mm NO FUZE
40mm NO FUZE
PD FUZE
37mm NO FUZE
40mm NO FUZE
40mm FUZED
37mm NO FUZE
PD FUZE
75mm NO FUZE

SEEDS (QA/QC)
QA-1319
QA-1506

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
12-5-2017	472	2	162	0	0/2	35	
12-6-2017	893	6	337	0	0/0	65	
Grid Total	1365	8	499	0	0/2	100	

MEC or Other Significant Items (Use Back for additional)

12-6-2017

1 1 EA - 37mm NO FUZE
2 1 EA - 40mm NO FUZE
3 12-5-2017
4
5

1 EA - 75mm NO FUZE
1 EA - 40mm FUZED
1 EA - 40mm NO FUZE
2 EA - 37mm NO FUZE
1 EA - PD FUZE

Notes:

WT
41
43
37
41
162
47
35
48
53
17
44
25
24
44
337

DUG
124
111
76
16
472
106
147
108
53
65
151
263
893

1 OF 2
2 OF 2

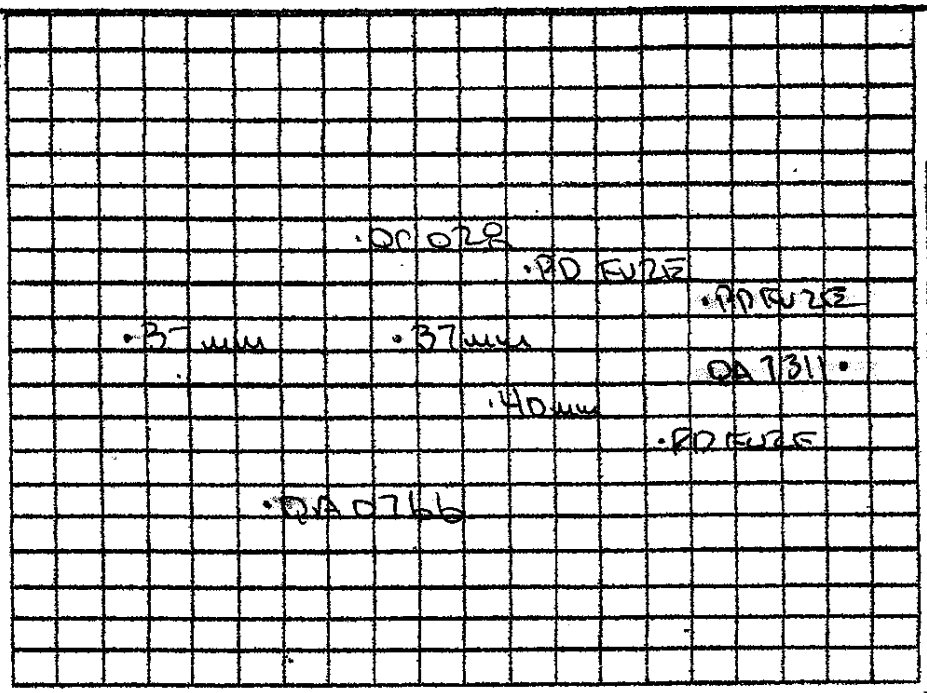
Team #: 2 Back Used: YES (NO)

Project: FWDA Grid W29 Lot 49 Date: 12-6-2017

WILLOUGHBY 2000 NEW2

Grid Sheet

✓ Schoustedt
✓ White
✓ T/L QC



MEC
PD FUZE
37mm NO FUZE
37mm NO FUZE
PD FUZE
PD FUZE
40mm NO FUZE

SEEDS (QA/QC)
QA-1311
QA-0766
QC-028

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
12-6-2017	499	1	124	0	0/1	30	
12-7-2017	1024	5	335	0	1/1	70	
Grid Total	1523	6	459	0	1/2	100	

MEC or Other Significant Items (Use Back for additional.)

1 1 EA - PD FUZE — 12-7-2017 2 EA - PD FUZE
2 12-6-2017 2 EA - 37 mm NO FUZE
3 1 EA - 40mm NO FUZE
4
5

Notes:

WT
57
55
12
124
40
34
41
42
51
47
22
35
23
335

DIG
85
195
61
161
49
122
109
115
128
140
157
120
36
97
1024

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.))* 33
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2017-12-05

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	22/44 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 49 have passed QA inspection: T28, U28, S28, V28, S29. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2017-12-05	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.12.05 17:01:31 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS	18. DATE 2017-12-05

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.05 17:01:59 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-12-05	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.05 17:02:25 -07'00'

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

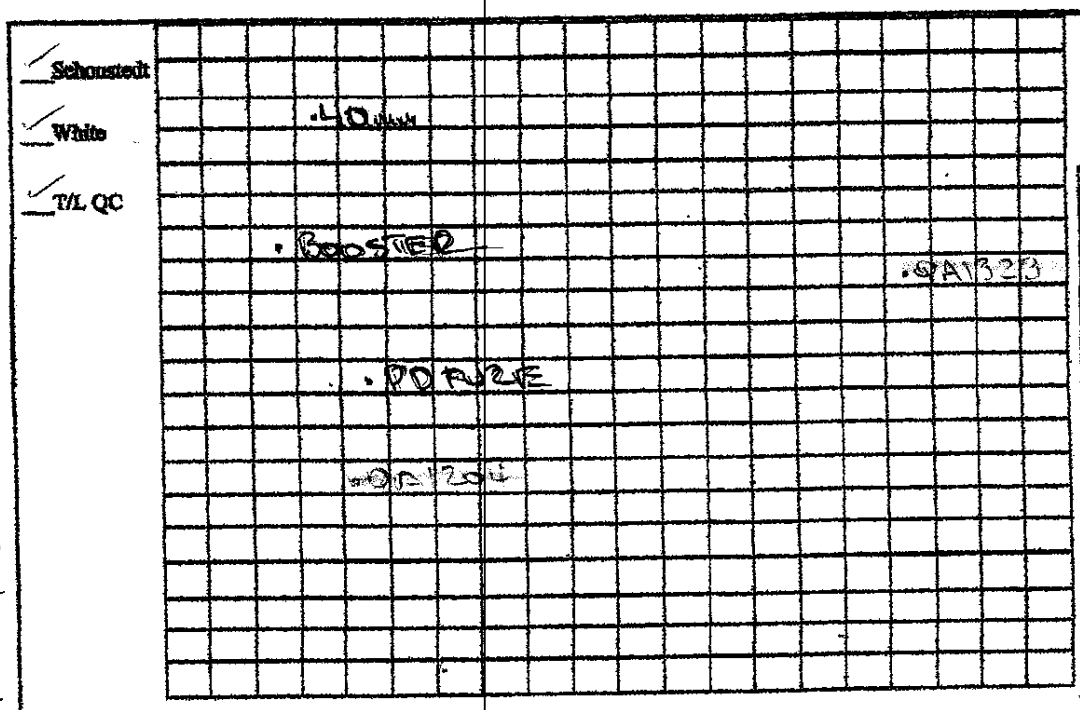
d. Government Actions (*reduced payment, cure notice, show cause, other*)

Team #: 2 Back Used: YES (NO) 2 OF 2

Project: FWDA Grid T28 LOT 49 Date: 11-28-2017

TARGET TO FLIGHT

Grid Sheet



MEC
11-28 NO MEC
BOOSTER
40 mm NO FUZE
PD FUZE

SEEDS (QA/QC)
QA 1323
QA 1204

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-28-2017	801	0	277	0	0/2	45%	
11-29-2017	1123	3	378	0	0/0	55	
Grid Total	1,924	3	655	0	0/2	100	

MEC or Other Significant Items (Use Back for additional)

1 1 EA - BOOSTER
2 1 EA - 40 mm NO FUZE
3 1 EA - PD FUZE
4
5

Notes:

DIGS: 117, 125, 112, 84, 92, 65, 180, 132, 111, 105 / 1,123

WT: 48, 31, 26, 55, 49, 26, 27, 36, 34, 46 / 378

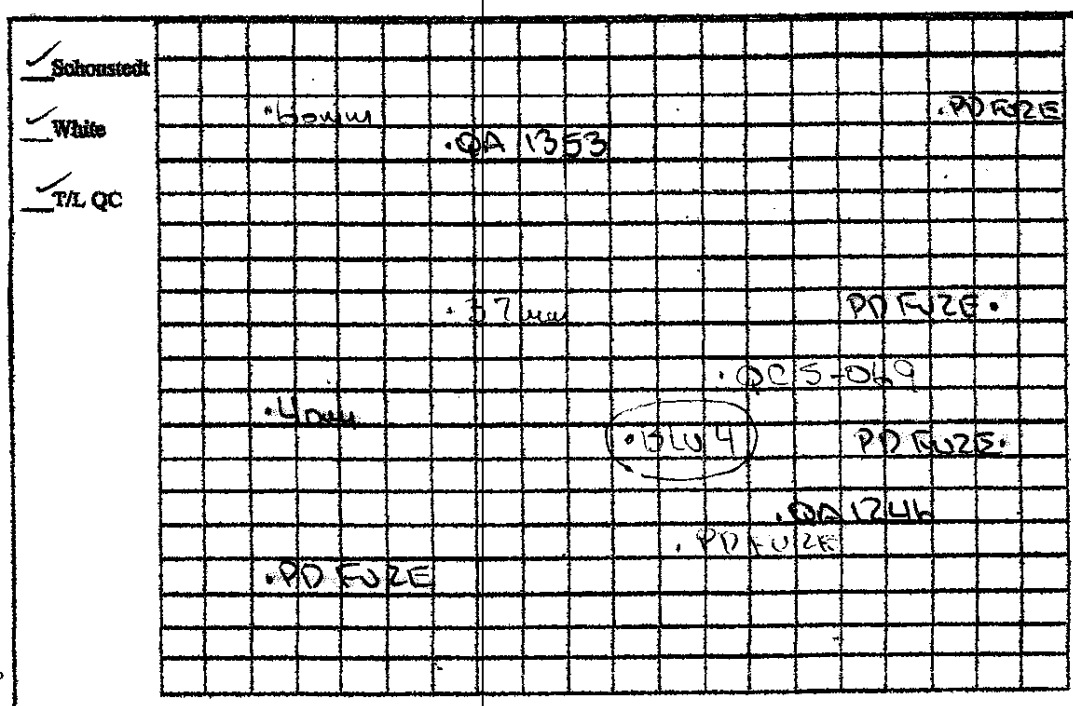
WT: 57, 29, 20, 21, 40, 66, 23, 21 / 27

DIG: 72, 168, 6, 180, 171, 214, 21, 80

Team #: 2 Back Used: YES (NO) 2 OF 3 / 3 OF 3

Project: FWDA Grid U28 Lot 49 UNIFORM TWO FLIGHT Date: 11-20-2017

Grid Sheet



MEC
PD FUZE
PD FUZE
PD FUZE
PD FUZE
40mm NO FUZE
BLU 4 - FUZED
37mm NO FUZE
PD FUZE
60 mm NO FUZE

SEEDS (QA/QC)
QA 1246
QA 1353
QC - S-069

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-20-2017	339	0	71	0	0/0	20	
11-21-2017	904	5	248	0	0/2	70	
11-28-2017	556	4	197	0	1/0	100	
Grid Total	1799	9	516	0	1/2	100	

MEC or Other Significant Items (Use Back for additional.)

1	4 EA - PD FUZE	11-21-17 / 11-28-17
2	1 EA - 40mm NO FUZE	1 EA BLU 4 (FUZED) BIP ITEM
3		1 EA 37mm NO FUZE
4		1 EA 60mm NO FUZE
5		1 EA PD FUZE

Notes:

WT: 45, 27, 31, 38, 25, 7, 3, 16 / 197

DIGS: 75, 16, 91, 74, 76, 96, 128 / 556

WT: 9, 33, 29 / 71, 32, 31, 12, 34, 36, 31, 25, 19, 28 / 249

DIGS: 39, 153, 147 / 339, 96, 128, 8, 124, 219 / 650, 34, 37, 8, 96 / 904

CAMO WU = 41*

1 OF 2

2 OF 2

Team #: 2

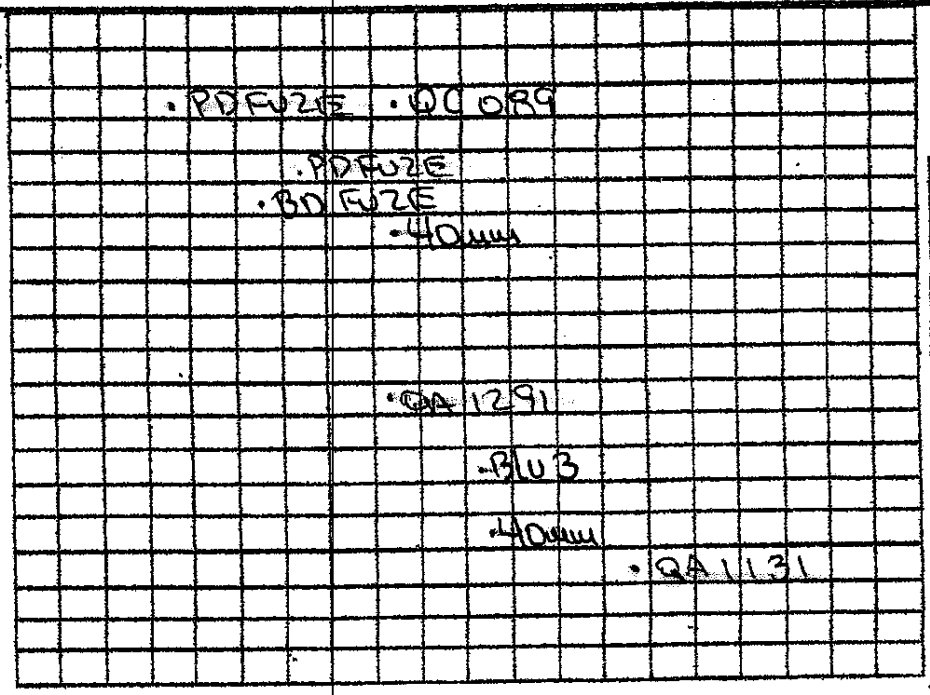
Back Used: YES (NO)

Project: FWDA

Grid S-28 LOT 49
SIERRA FOUR EIGHT
Grid Sheet

Date: 11-29-2017

✓ Schoustedt
✓ White
✓ T/L QC



MEC
PD FUZE
PD FUZE
40mm NO FUZE
BD FUZE
BLU 3 NO FUZE
40mm NO FUZE

SEEDS (QA/QC)
QA 1291
QA 1131
QC-089

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-29-2017	561	2	163	0	0/2	20	
11-30-2017	1265	4	436	0	1/0	80	
Grid Total	1826	6	599	0	1/2	100	

MEC or Other Significant Items (Use Back for additional.)

	11-29-17	11-30-2017
1	2 EA - PD FUZE	
2		2 EA - 40mm NO FUZE
3		1 EA - BLU 3 NO FUZE
4		1 EA - BD FUZE
5		

Notes:

D16'
78
134
257
95
56'
71
69
126
165
97
237
99
82
170
149
1265
WT
38
27
98
163
42
47
45
32
38
56
35
31
69
41
436

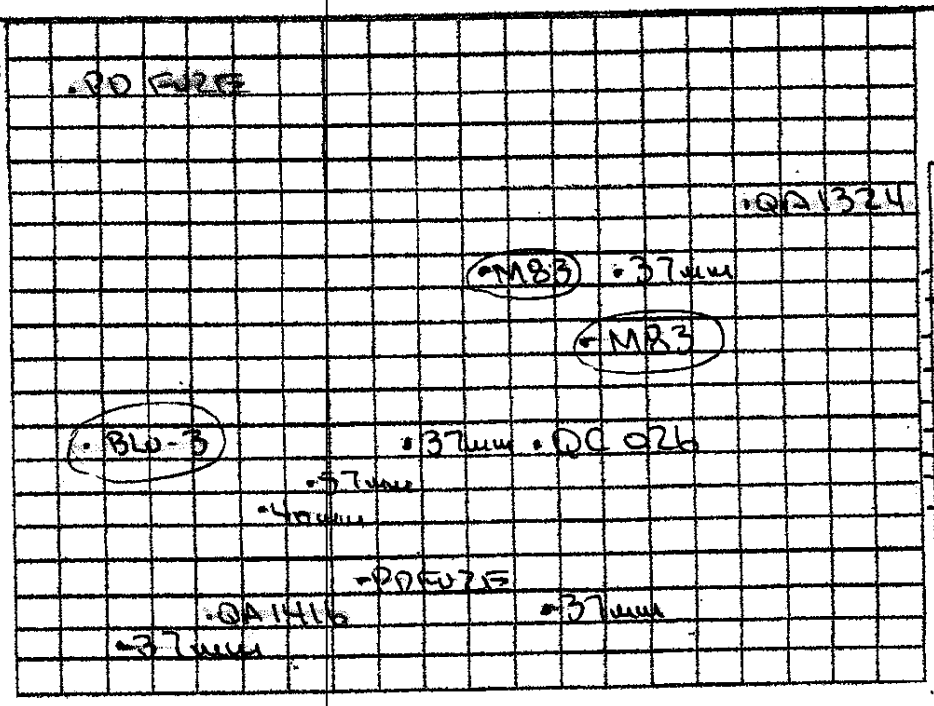
1 OF 2
BIP
2 OF 2
BIP

Team #: 2 Back Used: YES (NO)

Project: FWDA Grid V-28 LOT 49 VICTOR TWO EIGHT Date: 11-17-2017

Grid Sheet

✓ Schonstedt
✓ White
✓ T/L QC



MEC
BW-3 FUZED
PD FUZE
M83 FUZED
M83 FUZED
37mm NO FUZE
37mm NO FUZE
37mm NO FUZE
37mm NO FUZE
PD FUZE
57mm NO FUZE
40mm NO FUZE

SEEDS (QA/QC)
QA1324
QA 1416
QC026

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-17-2017	973	2	328	0	012	50	
11-20-2017	647	9	188	0	110	50	
Grid Total	1620	11	516	0	112	100	

MEC or Other Significant Items (Use Back for additional.)

1 1EA BW-3 FUZED (BIP)
2 1EA PD FUZE
3 2EA - M83 FUZED - LEFT IN PLACE
4 4EA - 37mm PROJ NO FUZE
5 1EA - 40mm NO FUZE

Notes: 1EA - 57mm NO FUZE
1EA - PD FUZE

UST
42
30
36
43
49
61
46
21
32
21
22
27
27
34
37
20
198

DII
41
19
18
13
19
10
111
97
53
175
92
156
67
104
647

2 of 2
BIP

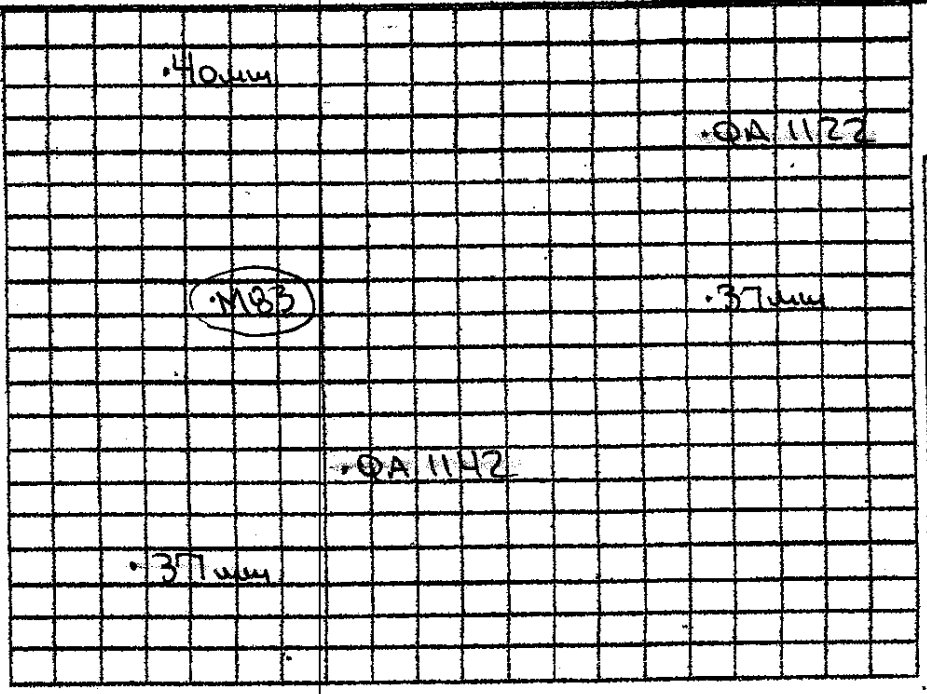
Team #: 2 Back Used: YES (NO)

Project: FWDA Grid S29 Lot 49 Date: 11-30-2017

1313

Grid Sheet

✓ Schonstedt
✓ White
✓ T/L QC



MEC
37mm NO FUZE
40mm NO FUZE
M83 FUZED
37mm NO FUZE

SEEDS (QA/QC)
QA 1142
QA 1122

Each Line = 5 feet (Fill in to scale drawing as necessary)

Date	# of Digs	# of MEC Items	Pounds of MD	Pounds of NMRD	QC/QA Seeds	% of Grid Complete	Comments
11-30-2017	216	1	51	0	0/2	15	
12-1-2017	1431	3	486	0	0/2	85	
Grid Total	1647	4	537	0	0/2	100	

MEC or Other Significant Items (Use Back for additional.)

1 1-EA - 37mm NO FUZE 11-30-17 | 12-1-2017
2 | 1EA M83 FUZED - BIP
3 | 1EA 40mm - NO FUZE
4 | 1EA 37mm - NO FUZE
5 |

Notes:

WT
26
25
51
36
39
24
26
33
31
37
41
29
31
29
19
29
39
43
486
D165
84
132
216
84
162
133
47
118
129
122
98
81
97
140
101
119
1431

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.))*: 39

2. USACE REPRESENTATIVE'S NAME: Chuck Shepherd

3. DATE ACTIVITY COMPLETED: 2017-12-12

4. PROJECT NAME: Parcel 3 inner fence

5. PROJECT LOCATION: McKinley County, Gallup, NM

6. WEATHER CONDITIONS: 7/54 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)*

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 50 have passed QA inspection: R29. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)*: [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE: 2017-12-12

16. USACE REPRESENTATIVE'S SIGNATURE: SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2017.12.13 07:19:42 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME: Jason Scott Birchfield, STS

18. DATE: 2017-12-13

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2017.12.13 13:27:06 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-12-13	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.13 13:27:30 -07'00'

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				

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.))*
40

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2017-12-18

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
7/54 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 50 have passed QA inspection: N29, O29, P29, Q29. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE
2017-12-18

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2017.12.18 10:11:15 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2017-12-19

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.19 08:31:39 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2017-12-19	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2017.12.19 08:32:44 -07'00'

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
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
Chris Graber

3. DATE ACTIVITY COMPLETED
2018-04-02

4. PROJECT NAME
FWDA

5. PROJECT LOCATION
FWDA/Gallup/New Mexico

6. WEATHER CONDITIONS
NA

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 Saqib Khan
☐ b. Design Center
☐ c. Remedial Action District TM
☐ 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.*)
Quality Assurance Inspection of Inner Fence Grids

13. RESULTS AND OBSERVATIONS
Completed QA inspection of R-28/Z-29 Y-29/O-37, and N-37. All grids passed with no discrepancies.
50 48 19
----------NFE----------

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

☐ e. Other, *Specify* QAR only

15. DATE
2018-04-02

16. USACE REPRESENTATIVE'S SIGNATURE
GRABER.CHRISTOPHER.M.1013480156 Digitally signed by GRABER.CHRISTOPHER.M.1013480156 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=GRABER.CHRISTOPHER.M.1013480156 Date: 2018.04.16 16:44:59 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2018-04-17

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.17 08:41:18 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-04-17	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.04.17 08:41:46 -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				

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 Daniel McKinnon	3. DATE ACTIVITY COMPLETED 2018-08-01	
4. PROJECT NAME Parcel 3 Inner fence	5. PROJECT LOCATION McKinley County, Gallup NM	6. WEATHER CONDITIONS 58/90 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)*

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 51 have passed QA inspection: I29, J29, K29. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)* ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify*

15. DATE 2018-08-01	16. USACE REPRESENTATIVE'S SIGNATURE MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.08.01 14:43:54 -06'00'
17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE 2018-08-01

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
Robert Hood Digitally signed by Robert Hood Date: 2018.08.01 15:34:16 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-08-01	Robert Hood Digitally signed by Robert Hood Date: 2018.08.01 15:34:41 -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				

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.))* 85
2. USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2018-07-19

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	47/92 Sunny/windy

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 51 have passed QA inspection: : M28, M29, L29. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-07-25	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, cn=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.07.25 11:58:54 -05'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE 2018-07-26

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood
Digitally signed by Robert Hood
Date: 2018.07.30 12:10:56 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-07-26	Robert Hood Digitally signed by Robert Hood Date: 2018.07.30 12:11:27 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*
76

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-06-13

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
47/92 Sunny/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 Steve Smith/DJ Myers
☐ b. Design Center
☐ c. Remedial Action District TM
☐ 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 grids from production lot # 51 have passed QA inspection: : I28. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE *(select one)* ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE
2018-06-13

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2018.06.13 17:31:21 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Jason Scott Birchfield, STS

18. DATE
2018-06-14

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE *(indicating receipt of the QAR)*
JASON BIRCHFIELD
Digitally signed by JASON BIRCHFIELD
Date: 2018.06.14 11:50:35 -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	(2) Title	(3) Date Signed	(4) Signature
Jason Scott Birchfield, STS	SUXOS	2018-06-14	JASON BIRCHFIELD Digitally signed by JASON BIRCHFIELD Date: 2018.06.14 11:50:59 -06'00'

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

1. REPORT NO. *(1,2,3, etc., for the Task Order (T.O.))*
84

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-07-11

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
47/92 Sunny/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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 51 have passed QA inspection: : J28, K28, L28. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE
2018-07-16

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2018.07.16 18:49:58 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-07-17

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood
Digitally signed by Robert Hood
Date: 2018.07.17 11:05:45 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	SUXOS	2018-07-17	Robert Hood Digitally signed by Robert Hood Date: 2018.07.17 11:06:10 -06'00'

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
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
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-12-18

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
24/63 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 52 have passed QA inspection: : H29. Grid passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE
2018-12-18

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2018.12.18 12:40:02 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-12-18

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood
Digitally signed by Robert Hood
Date: 2018.12.18 13:16:19 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-12-18	Robert Hood Digitally signed by Robert Hood Date: 2018.12.18 13:16:40 -07'00'

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** 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 Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2019-03-27

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	32/70 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER	W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER	

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 from production lot # 52 have passed QA inspection: H26 (0.182825 acres inaccessible), H27 (0.0288808 acres inaccessible), H28. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2019-03-27	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.03.29 14:34:20 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE 2019-03-29

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2019.03.29 15:34:43 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-03-29	Robert Hood Digitally signed by Robert Hood Date: 2019.03.29 15:35:10 -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
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
David Holland

3. DATE ACTIVITY COMPLETED
2018-08-20

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
55/87 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*)

- ☒ a. District Program/Project Manager Steve Smith/DJ Myers
- ☐ b. Design Center
- ☐ c. Remedial Action District TM
- ☐ 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 grid from production lot #53 has passed QA inspection: AQ25. No discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify*

15. DATE
2018-08-20

16. USACE REPRESENTATIVE'S SIGNATURE
HOLLAND.DAVID.L.1096450296 Digitally signed by HOLLAND.DAVID.L.1096450296 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=HOLLAND.DAVID.L.1096450296 Date: 2018.08.20 11:15:29 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-08-22

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.08.22 09:02:20 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-08-22	Robert Hood Digitally signed by Robert Hood Date: 2018.08.22 09:03:35 -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				

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.))* 87
USACE REPRESENTATIVE'S NAME Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2018-07-19

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	47/92 Sunny/windy

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 53 have passed QA inspection: : AM25, AN25, . Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-07-25	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=CSA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.07.25 11:34:09 -06'00'

CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE 2018-07-26

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.07.30 12:08:30 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-07-26	Robert Hood Digitally signed by Robert Hood Date: 2018.07.30 12:09:09 -06'00'

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
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	3. DATE ACTIVITY COMPLETED
Daniel McKinnon	2018-07-30

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 Inner fence	McKinley County, Gallup NM	58/58 Partly Cloudy

7. CONTRACTOR	8. CONTRACT NUMBER	W912BV-16-C-0033
AECOM Technical Services, Inc	9. T.O. NUMBER	

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

☒	a. District Program/Project Manager	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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
Grid AM26 from production lot #53 has passed QA inspection. No discrepancies reported.----------Nothing Follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify*

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-07-31	MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.07.31 13:34:16 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE 2018-07-31

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.07.31 14:34:38 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-07-31	Robert Hood Digitally signed by Robert Hood Date: 2018.07.31 14:35:58 -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				

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
Daniel McKinnon

3. DATE ACTIVITY COMPLETED
2018-08-01

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
58/90 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 53 have passed QA inspection: A025, AP25. No discrepancies noted.

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-08-01

16. USACE REPRESENTATIVE'S SIGNATURE
MCKINNON.DANIEL.MATTHEW.1076240686 Digitally signed by MCKINNON.DANIEL.MATTHEW.1076240686 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=MCKINNON.DANIEL.MATTHEW.1076240686 Date: 2018.08.01 14:43:34 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-08-01

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.08.01 15:32:12 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-08-01	Robert Hood Digitally signed by Robert Hood Date: 2018.08.01 15:32:55 -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				

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.))*
80

2. USACE REPRESENTATIVE'S NAME
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2018-07-11

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
47/92 Sunny/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 Steve Smith/DJ Myers
☐ b. Design Center
☐ c. Remedial Action District TM
☐ 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 grids from production lot # 53 have passed QA inspection: : AN26, AO26, AP26, AQ26. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE
2018-07-16

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301
Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301
Date: 2018.07.16 18:37:22 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-07-17

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood
Digitally signed by Robert Hood
Date: 2018.07.17 11:04:45 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	SUXOS	2018-07-17	Robert Hood Digitally signed by Robert Hood Date: 2018.07.17 11:05:13 -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
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	3. DATE ACTIVITY COMPLETED
Chuck Shepherd	2018-12-18

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	24/63 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER	W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER	

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grids from production lot # 54 have passed QA inspection: : AI26, AH26 . Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) ☒ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor
☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2018-12-18	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2018.12.18 12:44:50 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE 2018-12-18

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.12.18 13:17:47 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-12-18	Robert Hood Digitally signed by Robert Hood Date: 2018.12.18 13:18:11 -07'00'

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
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
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2019-03-27

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
32/70 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 from production lot # 55 have passed QA inspection: AG26. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE
2019-03-27

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.03.28 17:21:19 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2019-03-29

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2019.03.29 11:15:05 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-03-29	Robert Hood Digitally signed by Robert Hood Date: 2019.03.29 11:15:39 -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
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
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2019-04-16

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
35/69 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grid from production lot # 55have passed QA inspection: AD26, AE26, AF26. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE
2019-04-18

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.04.18 09:10:45 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2019-04-18

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2019.04.18 12:35:18 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-04-18	Robert Hood Digitally signed by Robert Hood Date: 2019.04.18 12:35:49 -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** 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 Chuck Shepherd	3. DATE ACTIVITY COMPLETED 2019-05-14

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	37/71 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 from production lot # 55 have passed QA inspection: AC 25, AD 25, AC 26. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2019-05-15	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.05.15 06:24:39 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE
	2019-05-15

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood
Digitally signed by Robert Hood
Date: 2019.05.15 09:22:14 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-05-15	Robert Hood Digitally signed by Robert Hood Date: 2019.05.15 09:22:40 -06'00'

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
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
Michael Hernandez

3. DATE ACTIVITY COMPLETED
2018-08-23

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
58/90 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production Lot # 56 have passed QA inspection: X26. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-08-24

16. USACE REPRESENTATIVE'S SIGNATURE
HERNANDEZ.MICHAEL.R.1155991263 Digitally signed by HERNANDEZ.MICHAEL.R.1155991263 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=HERNANDEZ.MICHAEL.R.1155991263 Date: 2018.08.24 09:38:17 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-08-24

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.08.24 09:38:00 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Field Manager	2018-08-24	Robert Hood Digitally signed by Robert Hood Date: 2018.08.24 09:38:25 -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				

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
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2019-04-16

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
35/69 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grid from production lot # 58 have passed QA inspection: N26 (.062641 acres inaccessible), N27, O26 (.000086 acres inaccessible), O27. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE
2019-04-18

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.04.18 15:11:55 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2019-04-18

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2019.04.18 15:21:48 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-04-18	Robert Hood Digitally signed by Robert Hood Date: 2019.04.18 15:22:47 -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
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
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2019-03-27

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
32/70 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 from production lot # 58 have passed QA inspection: : P26, P27, R26, R27, Q26, Q27. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE
2019-03-27

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.03.28 06:54:13 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2019-03-29

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2019.03.29 12:40:29 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-03-29	Robert Hood Digitally signed by Robert Hood Date: 2019.03.29 12:41:12 -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
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	3. DATE ACTIVITY COMPLETED
Chuck Shepherd	2019-04-16

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	35/69 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER	9. T.O. NUMBER
AECOM Technical Services, Inc.	W912BV-16-C-0033	

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grid from production lot # 59have passed QA inspection: J27. Grid passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2019-04-18	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.04.18 09:12:56 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME	18. DATE
Robert Hood	2019-04-18

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2019.04.18 12:31:44 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-04-18	Robert Hood Digitally signed by Robert Hood Date: 2019.04.18 12:32:29 -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
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
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2019-03-27

4. PROJECT NAME
Parcel 3 inner fence

5. PROJECT LOCATION
McKinley County, Gallup, NM

6. WEATHER CONDITIONS
32/70 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 from production lot # 59 have passed QA inspection: I26 (0.017221 acres inaccessible), I27, J26 (0.022393 acres inaccessible), K26, K27, L26, L27, M26, M27. Grids passed all phases of inspection, no discrepancies noted."
----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE
2019-03-27

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.04.09 07:19:23 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2019-03-29

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2019.04.09 15:18:42 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-03-29	Robert Hood Digitally signed by Robert Hood Date: 2019.04.09 15:20:41 -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
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
Michael Hernandez

3. DATE ACTIVITY COMPLETED
2018-11-16

4. PROJECT NAME
Parcel 3 Inner fence

5. PROJECT LOCATION
McKinley County, Gallup NM

6. WEATHER CONDITIONS
17/53 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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 grids from production lot # 60 have passed QA inspection: C26. No discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify*

15. DATE
2018-11-16

16. USACE REPRESENTATIVE'S SIGNATURE
HERNANDEZ.MICHAEL.R.1155991263 Digitally signed by HERNANDEZ.MICHAEL.R.1155991263 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USA, cn=HERNANDEZ.MICHAEL.R.1155991263 Date: 2018.11.19 09:05:50 -07'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2018-11-19

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2018.11.19 09:05:50 -07'00'

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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2018-11-19	Robert Hood Digitally signed by Robert Hood Date: 2018.11.19 09:05:34 -07'00'

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				

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
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2019-05-14

4. PROJECT NAME
Parcel 3 inner fence

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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 from production lot # 60 have passed QA inspection. B25, C25, D25, E24, E25. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE
2019-05-15

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.05.15 06:27:20 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2019-05-15

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2019.05.15 09:23:12 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-05-15	Robert Hood Digitally signed by Robert Hood Date: 2019.05.15 09:23:50 -06'00'

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
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	3. DATE ACTIVITY COMPLETED
Chuck Shepherd	2019-04-16

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	35/69 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER	W912BV-16-C-0033
AECOM Technical Services, Inc.	9. T.O. NUMBER	

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grid from production lot # 64have passed QA inspection: Y25. Grid passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2019-04-18	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.04.18 09:12:14 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood	18. DATE
	2019-04-18

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2019.04.18 12:33:51 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-04-18	Robert Hood Digitally signed by Robert Hood Date: 2019.04.18 12:34:30 -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
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	3. DATE ACTIVITY COMPLETED
Chuck Shepherd	2019-03-27

4. PROJECT NAME	5. PROJECT LOCATION	6. WEATHER CONDITIONS
Parcel 3 inner fence	McKinley County, Gallup, NM	32/70 Sunny

7. CONTRACTOR	8. CONTRACT NUMBER	9. T.O. NUMBER
AECOM Technical Services, Inc.	W912BV-16-C-0033	

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

☒	a. District Program/Project Manager Steve Smith/DJ Myers	☐	b. Design Center
☐	c. Remedial Action District TM	☐	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 grid from production lot # 64 have passed QA inspection: X25. Grid passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

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

☐ e. Other, *Specify* QAR only

15. DATE	16. USACE REPRESENTATIVE'S SIGNATURE
2019-03-27	SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.03.28 06:55:57 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME	18. DATE
Robert Hood	2019-03-29

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2019.03.29 12:33:43 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-03-29	Robert Hood Digitally signed by Robert Hood Date: 2019.03.29 12:34:15 -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

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
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2019-05-14

4. PROJECT NAME
Parcel 3 inner fence

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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 from production lot # 64 have passed QA inspection. X 25, Z25. Grids passed all phases of inspection, no discrepancies noted.

----------Nothing follows----------

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

[ ] e. Other, *Specify* QAR only

15. DATE
2019-05-15

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.05.15 06:26:01 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2019-05-15

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood
Digitally signed by Robert Hood Date: 2019.05.15 09:24:43 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-05-15	Robert Hood Digitally signed by Robert Hood Date: 2019.05.15 09:25:13 -06'00'

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
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
Chuck Shepherd

3. DATE ACTIVITY COMPLETED
2019-05-14

4. PROJECT NAME
Parcel 3 inner fence

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*)

- [x] a. District Program/Project Manager Steve Smith/DJ Myers
- [ ] b. Design Center
- [ ] c. Remedial Action District TM
- [ ] 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 from production lot # 77 have passed QA inspection. B21. Grids passed all phases of inspection, no discrepancies noted.
----------Nothing follows----------

14. DEFICIENCY TYPE (*select one*) [x] a. Not Applicable [ ] b. Critical [ ] c. Major [ ] d. Minor
[ ] e. Other, *Specify* QAR only

15. DATE
2019-05-15

16. USACE REPRESENTATIVE'S SIGNATURE
SHEPHERD.CHARLES.LEE.JR.1054293301 Digitally signed by SHEPHERD.CHARLES.LEE.JR.1054293301 Date: 2019.05.15 07:12:35 -06'00'

17. CONTRACTOR REPRESENTATIVE'S NAME Robert Hood

18. DATE
2019-05-15

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (*indicating receipt of the QAR*)
Robert Hood Digitally signed by Robert Hood Date: 2019.05.15 09:21:24 -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	(2) Title	(3) Date Signed	(4) Signature
Robert Hood	AECOM Site Manager	2019-05-15	Robert Hood Digitally signed by Robert Hood Date: 2019.05.15 09:21:50 -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				