



CONSULTING SERVICES MONITORING REPORT

BCTS CHK-005A

Completed by hand, in Word as a protected form or by Hand Held digital application for entry into Cengea Forest - Resources

Section A	Business Area:	Field Team:	ORCS/ARCS File(s):	Date of Inspection: <small>Click here to enter a date.</small>
	Contract #:	Geographic Location:	Project Name:	Inspection Type:
	Contractor:		On-site Supervisor:	

Section B	Inspection Detail & Activity Status			
	Contract Type <input type="checkbox"/> Planning Recce <input type="checkbox"/> Site Assessment(s) <input type="checkbox"/> Engineering Assessment <input type="checkbox"/> Professional Services <input type="checkbox"/> Multi-Phase <input type="checkbox"/> _____ <input type="checkbox"/> Silviculture Surveys <input type="checkbox"/> _____	Inspection Method <input type="checkbox"/> Field <input type="checkbox"/> Office Areas Inspected _____	Applicable Legislation <input type="checkbox"/> FRPA <input type="checkbox"/> FPC <input type="checkbox"/> Other (specify): _____	Operational Status <input type="checkbox"/> Inactive <input type="checkbox"/> Active _____% complete <input type="checkbox"/> Complete

Section D	ID #	CORRECTIVE ACTION - 1		
		Requirement:	Responsibility:	
	Description:		Target Date: <small>Click here to enter a date.</small>	Completion Date: <small>Click here to enter a date.</small>
	Corrective Action:	Follow-up:		
	ID #	CORRECTIVE ACTION - 2		
		Requirement:	Responsibility:	
Description:		Target Date: <small>Click here to enter a date.</small>	Completion Date: <small>Click here to enter a date.</small>	
Corrective Action:	Follow-up:			

ISSUE(S)	Complete Incident Report Form for each incident type. Enter in Issue Tracking System (ITS) linked to the Pre-work. ITS required for significant or repeat non-conformance, potential non-compliance, or Incident (as defined in EOP-04).	Issue #: _____ Issue Type: _____
		Issue #: _____ Issue Type: _____

Section E	GENERAL INSPECTION COMMENTS <small>(Reference Requirement ID # where appropriate, add extra sheets for more comments)</small>	

Inspected by: _____	Received by: _____
Signature: _____	Signature: _____
<i>I accept receipt of this inspection and am in agreement with the stated actions.</i>	
Attachment: Additional Pages <input type="checkbox"/> Photos <input type="checkbox"/> Maps <input type="checkbox"/> Correspondence <input type="checkbox"/> Incident Report <input type="checkbox"/> Other <input type="checkbox"/>	Date of Delivery to Contractor: <small>Click here to enter a date.</small> _____
Delivery Method: On-site <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/>	