

ATTACHMENT 4
INITIAL HEADSTONE RAISE & REALIGN SURVEY

Station Number: _____ Date: _____

Cemetery: _____ Cemetery Director: _____

Contracting Officers Representative: _____

Instructions: The Contracting Officer's Representative (COR) /Cemetery Director/Cemetery Foreman/ Work Leader/designee **MUST** conduct an initial survey of ALL headstones included in the scope of work (SOW) before any work is performed. The COR/Cemetery Director/Cemetery Foreman/Cemetery Work Leader/designee will use the Burial Register Report and the Gravesite Layout Map(s) for the initial survey.

Discrepancy/Issue Identified: Y/N _____ Date: _____

All discrepancies/issues resolved Y/N _____ Date: _____

I certify that the Initial Headstone verification survey was completed by the COR/Cemetery Director/Foreman or Work Leader/designee. The Burial Register Report and the Gravesite Layout Map for the Cemetery and sections listed in the SOW were used to complete the survey.

COR/Director/Foreman/Work Leader/designee Signature: _____

Date: _____

Prior to the completion of the workday, a Daily Headstone R&R Verification Survey **MUST** be completed by the COR/Cemetery Director/Cemetery Foreman/Work Leader/designee utilizing the same Burial Register Report and Gravesite Layout Map as used in the initial survey for ALL completed work.