

ATTACHMENT 5
DAILY HEADSTONE RAISE & REALIGN VERIFICATION SURVEY

Station Number: _____

Date: _____

Cemetery: _____

Cemetery Director: _____

COR: _____

Instructions: Prior to the completion of the workday, the Cemetery Director/COR/Foreman/Work Leader/designee MUST perform a re-verification survey for ALL completed work of headstones included in the scope of work. The Cemetery Director/COR/Foreman/Work Leader/designee will use the original Burial Register Report and Gravesite Layout Map used for the Initial Verification Survey.

List Sections and Headstones R&R: _____

List discrepancy/issue: _____

All discrepancies/issues resolved: Y/N _____

Cemetery Director/COR/Foreman/Work Leader/designee informed District Director and Contracting Officer of all unresolved discrepancies/issues: Y/N _____

By signing below, I certify the Headstones re-verification survey was completed.

Daily Headstone Verification:

Date: _____

Time Completed: _____

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