

Texas Commission on Environmental Quality

CHECKLIST WORKSHEET

AIR QUALITY REVIEW

Regulating Entity Name

Date :

Additional I D:

Investigator Name:

Item Number 1	Description	Was the report/complaint submitted within established deadlines? If no, explain in the comments section.	
	Answer	Citations	Notes
Item Number 2	Description	Did the report/complaint contain the appropriate forms (i.e. complaints, EAR, letter (i.e. NOV, General Compliance, referral, complaint response) and IOM if applicable)? If no, explain in comments section.	
	Answer	Citations	Notes
Item Number 3	Description	Were all the appropriate checklists utilized in the investigation and all applicable sections of the current checklist accurately completed? If no, explain in comments.	
	Answer	Citations	Notes
Item Number 4	Description	Is each question on the checklist answered?	
	Answer	Citations	Notes
Item Number 5	Description	Are sufficient comments provided to explain the answers?	
	Answer	Citations	Notes
Item Number 6	Description	Are answers accurate and do the answers demonstrate correct application of policy/procedures and regulation?	
	Answer	Citations	Notes
Item Number 7	Description	Were violations cited correctly and supported with adequate documentation? If no, explain in comments.	
	Answer	Citations	Notes
Item Number 8	Description	Were comments included where needed? If no, explain in comments.	
	Answer	Citations	Notes
Item Number 9	Description	Comments?	
	Answer	Citations	Notes
Item Number 10	Description	Who performed the Quality Review for this investigation?	
	Answer	Citations	Notes