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Texas Commission on Environmental Quality

CHECKLIST WORKSHEET

AIR QUALITY REVIEW

Reg Ent Name :_____ **Date :**_____

Add ID_____ **Investigator Name**_____

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