

NEVADA CONSERVATION CREDIT SYSTEM

CREDIT/DEBIT PROJECT QUALITY ASSURANCE FORM

This form is intended for use by the SETT to ensure that each credit and debit project proposed in 2017 undergoes a complete Quality Assurance process. The Quality Assurance process is intended to validate the credit and debit estimates provided by certified verifiers.

SIGNATURE

The full Quality Assurance process has been completed and the information provided in this form is accurate to the best of my knowledge.

Credit System Administrator Name

Signature

Date of QA Completion

QA SUBMISSION STATUS

Please mark the applicable QA submission status below.

_____ **Acceptable**
 _____ **Credit obligation (Term/Perm) or number of credits awarded (Total/Saleable)**
 _____ **Requires revisions (describe):**

PROJECT INFORMATION

Project Name _____

County _____ State _____

WAFWA Zone: _____ Biologically Significant Unit: _____ Population Management Unit: _____

PROJECT PROPONENT INFORMATION

Project Proponent Name _____

VERIFIER INFORMATION

Verifier Name _____

QUALITY ASSURANCE CHECKLIST

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1. Confirm that all meadows, including stringer meadows, springs and seeps, are delineated accurately within the project area and confirm that the proper number of transects are sampled.

INITIAL WHEN COMPLETE:

Completion status: _____

Date completed: _____

Notes: _____

Action items:

Description: _____

Status: _____

2. Visually review local-scale parameters (HSI, Distances, Current/Project/Permanent Habitat Function raster files) for outliers (e.g. >100% and <0% errors).

INITIAL WHEN COMPLETE:

Completion status: _____

Date completed: _____

Notes: _____

Action items:

Description: _____

Status: _____

3. Visually review management category proportions in Calculator against map and ensure all map units occur within a management category.

INITIAL WHEN COMPLETE:

Completion status: _____

Date completed: _____

Notes: _____

Action items:

Description: _____

Status: _____

4. Confirm pre-field data check plan is fully executed (transect Distribution and Volume).

INITIAL WHEN COMPLETE:

Completion status: _____

Date completed: _____

Notes: _____

Action items:

Description: _____

Status: _____

- 5. Confirm anthropogenic features are delineated and categorized correctly. Review all squares in project area, including indirect and analysis area, for non-delineated.

INITIAL WHEN COMPLETE:

Completion status: _____
Date completed: _____
Notes: _____
Action items: _____
Description: _____
Status: _____

- 6. Review Current, Proposed, Projected, and Permanent anthropogenic features layers for errors on Credit and Debit projects where applicable. Ensure Term and Permanent features are correct for Debit projects.

INITIAL WHEN COMPLETE:

Completion status: _____
Date completed: _____
Notes: _____
Action items: _____
Description: _____
Status: _____

- 7. Check parameters informing Reserve Account contributions.

INITIAL WHEN COMPLETE:

Completion status: _____
Date completed: _____
Notes: _____
Action items: _____
Description: _____
Status: _____

8. Run the full HQT to ensure same results are calculated (e.g. same map unit and management category results).

INITIAL WHEN COMPLETE:

Completion status: _____

Date completed: _____

Notes: _____

Action items: _____

Description: _____

Status: _____

9. Review all tabs in project calculator for completeness and to identify errors:

- a. Review Summary Tab for correct Project Information
- b. For Debit Projects, verify the Term and Rehab dates are correct in Tab 1.1
- c. Check to ensure field data were entered in Tabs 2.2 – 2.4
- d. Ensure column E (Credit Calculator) or G (Debit Calculator) in Tab 2.6 is entered and filled out correctly
- e. Review Projected Conditions in Tab 2.6
- f. Verify the Type of Proposed Disturbance (Column E in Tab 2.6) for Debit projects are accurately classified
- g. Verify the Duration of Proposed Disturbance Term/Permanent (Column F in Tab 2.6) for Debit projects are accurately classified
- h. Review Projected Conditions in Tab 2.6

INITIAL WHEN COMPLETE:

Completion status: _____

Date completed: _____

Notes: _____

Action items: _____

Description: _____

Status: _____

10. Conduct power analysis for all map units.

Calculate the minimum detectable change for each parameter at 80% confidence and 80% power. If a change in all parameters less than or equal to the minimum detectable change will result in a greater than 10% change in credit estimate, note this and recommend additional samples are taken during subsequent verifications.

INITIAL WHEN COMPLETE:

Completion status: _____

Date completed: _____

Notes: _____

Action items: _____

Description: _____

Status: _____

ISSUE TRACKING

List and describe any problems encountered during the Quality Assurance process. Feedback will be used to improve and refine the process for subsequent rounds of credit project submissions and debit projects.

ISSUE DESCRIPTION	ISSUE STATUS/RESOLUTION