ATTACHMENT 5

DAILY HEADSTONE/MARKER 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/markers 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/Markers R&R: _____

List discrepancy/issue: _____

All discrepancies/issues resolved: Y/N _____

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

By signing below, I certify the Headstone/Marker re-verification survey was completed.

Daily Headstone Verification:

Date: _____ **Time Completed**: _____

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