

CATEGORICAL EXCLUSION EXCEPTION REVIEW (CEER) CHECKLIST

Project:	Date:
Letter and Text of category (BIA - 516 DM 10.5 ; DOI - 43 CFR46-210)	

Evaluation of Extraordinary Circumstances (43 CFR 46.215):

1. This action would have significant adverse effects on public health or safety.	NO ___	YES ___
2. This action would have an adverse effect on unique geographical features such as wetlands, wild & scenic rivers, refuges, floodplains, rivers, placed on nationwide river inventory, or prime or unique farmlands.	NO ___	YES ___
3. This action would have highly controversial environmental effects.	NO ___	YES ___
4. This action would have highly uncertain environmental effects or involve unique or unknown environmental risk.	NO ___	YES ___
5. This action will establish a precedent for future actions.	NO ___	YES ___
6. This action is related to other actions with individually insignificant but cumulatively significant environmental effects.	NO ___	YES ___
7. This action will adversely affect properties listed or eligible for listing in the National Register of Historic Places.	NO ___	YES ___
8. This action will affect a species listed or proposed to be listed as endangered or threatened.	NO ___	YES ___
9. This action threatens to violate federal, state, local, or tribal law or requirements imposed for protection of the environment.	NO ___	YES ___
10. This action will have a disproportionately high and adverse effect on low income or minority populations.	NO ___	YES ___
11. This action will limit access to, and ceremonial use of, Indian sacred sites on federal lands, by Indian religious practitioners, and/or adversely affect the physical integrity of such sites.	NO ___	YES ___
12. This action will contribute to the introduction, continued existence, or spread of noxious weeds or non-native invasive species known to occur in the area, or may promote the introduction, growth, or expansion of the range of such species.	NO ___	YES ___

A “yes” to any of the above exceptions will require that an environmental assessment be prepared.

NEPA Action - - - - CE _____ EA _____

Project (con't):

Name and Title of person preparing this checklist

Concur Item 7: _____
Regional Archeologist

Date: _____

Concur: _____
Regional/Agency/OFMC/NEPA Reviewer

Date: _____

Approve: _____
**Regional Director/Agency Superintendent/
OFMC Official**

Date: _____

NOTES: