103 Standard Forms

103.1 General

This chapter contains fillable portable document format (PDF) of the standard forms found in the FDOT Design Manual (***FDM***). The form number assigned to each form corresponds to the ***FDM*** chapter in which it is discussed. Refer to the related chapter for instruction on the use of each form.

Bridge Development Report Submittal Checklist

Project Name _____

Financial Project ID _____

FA No. _____ Projects of Division Interest Yes ☐ No ☐
NHS Yes ☐ No ☐

Date _____ FDOT Project Manager _____

	ITEMS	STATUS[b]
(1)	Typical Sections for Roadway and Bridge[a]……	Select Status
(2)	Roadway Plans in Vicinity of Bridge[a]……..	Select Status
(3)	Maintenance of Traffic Requirements[a]……	Select Status
(4)	Bridge Hydraulics Report[c]……..	Select Status
(5)	Geotechnical Report[c]……..	Select Status
(6)	Bridge Corrosion Environmental Report[c]……	Select Status
(7)	GRS Abutments Feasibility Assessment[d]……	Select Status
(8)	Precast Feasibility Assessment……..	Select Status
(9)	Existing Bridge Plans……	Select Status
(10)	Existing Bridge Inspection Report……	Select Status
(11)	Existing Bridge Load Rating……	Select Status
(12)	Wildlife Connectivity……..	Select Status
(13)	Utility Requirements……..	Select Status
(14)	Railroad Requirements……	Select Status
(15)	Retaining Wall and Bulkhead Requirements……..	Select Status
(16)	Lighting Requirements……..	Select Status
(17)	ADA Access Requirements……..	Select Status
(18)	Other……	Select Status

(a) Must be approved by District before BDR submittal.
(b) Select appropriate status: Provided, Not Applicable, Comments Attached
(c) See approval requirements for these documents in ***FDM 121***.
(d) GRS = Geosynthetic Reinforced Soil

Standard Peer Review Certification Letter

Date

Florida Department of Transportation
District ____

Attn:

Reference: **Independent Peer Review Category 2 Structures**
Financial Project ID:
Federal Aid Number:
Contract Number:

Submittal: **90% Bridge _____ Plans Submittal**
Bridge Number(s):

Dear

Pursuant to the requirements of the Contract Documents,
hereby certifies that an independent peer review of the above-referenced submittal has been conducted in accordance with ***FDM 121*** and all other governing regulations. Component plans that were included in the peer review are as follows:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Outstanding / Unresolved Comments and Issues:

Certification Statement:

I certify that the component plans listed in this letter have been verified by independent review and are in compliance with all requirements presented in the Contract Documents. Independent Peer Review comments and comment resolutions have been included in this submittal under separate cover.

I have also attached a current copy of the Firm's Independent Peer Review Prequalification Letter issued by the Department with the "Approved Rates" Section redacted.

Please do not hesitate to contact me if you have any questions.

Name of Independent Peer Review Firm _____

Name of Independent Peer Reviewer _____

Title _____

Signature _____

Florida Professional Engineer Lic. No. _____

Certification Letter

Date

Florida Department of Transportation
District _____

_____

Attn: _____

Reference: **Independent Peer Review Category 2 Structures**
Financial Project ID: _____
Federal Aid Number: _____
Contract Number: _____

Submittal: **Final Bridge** _____ **Plans**
Submittal _____
Bridge Number(s): _____

Dear _____,

Pursuant to the requirements of the Contract Documents, _____ hereby certifies that an independent peer review of the above-referenced submittal has been conducted in accordance with ***FDM 121*** and all other governing regulations. Component plans that were included in the peer review are as follows:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Certification Statement:

I certify that the component plans listed in this letter have been verified by independent review, that all review comments have been adequately resolved, and that the plans are in compliance with all Department and FHWA requirements presented in the Contract Documents.

I have been provided with all 90% Department or Department Representative Electronic Review Comments (ERC). I certify that I have reviewed the comments and have considered these concerns in the Independent Peer Review. See attached 90% ERC comments.

I have also attached a current copy of the Firm's Independent Peer Review Prequalification Letter issued by the Department with the “Approval Rates” section redacted.

Please do not hesitate to contact me if you have any questions.

Name of Independent Peer Review Firm _____

Name of Independent Peer Reviewer _____

Title _____

Florida Professional Engineer Lic. No. _____

[Insert Signature, Date and Seal here.]

Name of IPR Quality Assurance Manager _____

Title _____

Florida Professional Engineer Lic. No. _____

[Insert Signature, Date and Seal here.]

Submittal/Approval Letter

To:_____ Date:_____
District or Turnpike Design Engineer

Financial Project ID: _____ New Const. ☐ RRR ☐ Other _____ ☐
Federal Aid Number: _____

Project Name: _____

State Road Number: _____ Co./Sec./Sub. _____
Begin Project MP: _____ End Project MP: _____

FHWA Project of Division Interest: Yes ☐ No ☐

Request for: Design Exception ☐ Design Variation ☐ Design Variation Memorandum ☐
Community Aesthetic Feature: Conceptual ☐ Final ☐
Re-submittal: Yes ☐ No ☐ Original Ref# _____ - _____ - _____

Requested for the following element(s):

☐ Design Speed ☐ Lane Width ☐ Shoulder Width ☐ Cross Slope
☐ Design Loading Structural Capacity ☐ Vertical Clearance ☐ Maximum Grade ☐ Stopping Sight Distance
☐ Superelevation ☐ Horizontal Curve Radius ☐ Other _____

Recommended by:

_____ Date _____
Name:
Responsible Professional Engineer or Landscape Architect (Landscape-Only Projects)

Approvals:

_____ Date _____
Name:
District or Turnpike Design Engineer

_____ Date _____
Name:
District Structures Design Engineer

_____ Date _____
Name:
State Roadway Design Engineer

_____ Date _____
Name:
State Structures Design Engineer

_____ Date _____
Name:
Chief Engineer

_____ Date _____
Name:
FHWA Division Administrator

Project Design Variation Memorandum Form 122-B

To: _____ Date: _____
District or Turnpike Design Engineer

Financial Project ID: _____ New Const. ☐ RRR ☐ Other _____ ☐

Federal Aid Number: _____

Project Name: _____

State Road Number: _____ Co./Sec./Sub. _____

Begin Project MP: _____ End Project MP: _____

Request for: Design Variation

	Design Element	MP: Beg-End	Existing	Proposed	Required	Attr. Crashes	Approved	Denied	Addl. Docum.
1.	_____	_____	_____	_____	_____	☐	☐	☐	☐
2.	_____	_____	_____	_____	_____	☐	☐	☐	☐
3.	_____	_____	_____	_____	_____	☐	☐	☐	☐
4.	_____	_____	_____	_____	_____	☐	☐	☐	☐

Justification: _____

_____

_____

_____

Justification: _____

_____

_____

_____

Justification: _____

_____

_____

_____

Justification: _____

_____

_____

_____

Design Element	MP: Beg-End	Existing	Proposed	Required	Attr. Crashes	Approved	Denied	Addl. Docum.
5. _____	_____	_____	_____	_____	☐	☐	☐	☐
6. _____	_____	_____	_____	_____	☐	☐	☐	☐

Justification: _____

_____

_____

Justification: _____

_____

_____

_____

Appendices: Yes ☐ No ☐

Recommended by:

_____ Date _____
Name:
Responsible Professional Engineer or Landscape Architect (Landscape-Only Projects) (Seal)

Approvals:

_____Date _____
Name:
District or Turnpike Traffic Operations Engineer

_____Date _____
Name:
District or Turnpike Design Engineer

Initial Meeting And Methodology Checklist

The Applicant should prepare the following list of items to discuss at the initial meeting. The District Review Team may require the Applicant to address these items in the Concept Report.

Project Information

- ☐ Project Location, Limits, and Length
- ☐ Project Purpose
- ☐ Conceptual plan (including transitions to and from the lane repurposing section)
- ☐ Existing and long-range future AADT (the latter based on historical growth and the regional travel demand model)
- ☐ Environmental and utilities impacts
- ☐ Consistency of the proposed project with the applicable Long-Range Transportation Plan (LRTP), Transportation Improvement Program (TIP), Transit Development Plan (TDP), comprehensive plan, master plans, visions, and Complete Streets initiatives
- ☐ Status of the roadway as an Evacuation Route, and freight route
- ☐ Project limits are within or proposed to be part of Strategic Intermodal System (SIS)
- ☐ Status of the roadway as a major transit corridor per the LRTP or TDP
- ☐ Proposed use(s) for the right-of-way after lanes are eliminated (e.g., widened sidewalks, bicycle lanes, landscaping, on-street parking, transit lanes)
- ☐ Impact on bicycle/pedestrian infrastructure and connectivity
- ☐ Impact on parking
- ☐ Impact on transit routes, stop locations (including appropriateness of turn radii and lane widths), include total number of stops and routes in the area.
- ☐ Existing right-of-way width and any proposed changes to the right-of-way width
- ☐ Anticipated changes in jurisdictional responsibility for ownership or maintenance of the roadway
- ☐ Existing and anticipated changes in functional classification
- ☐ Existing and anticipated changes to access management classification
- ☐ Jurisdiction(s) in which the Project is Located
- ☐ Proposed Change in Lane Configuration
- ☐ Project Schedule
- ☐ Existing and anticipated context classification
- ☐ Public Involvement, agency outreach and endorsement
- ☐ Existing design and posted speeds
- ☐ Existing and future typical section
- ☐ Target speed with anticipated changes in posted speed limits and design speeds
- ☐ Need for design variations or design exceptions
- ☐ Plan for obtaining input and review from businesses, residents, and other stakeholders
- ☐ Plan for receiving endorsement from elected officials
- ☐ Funding source and cost estimates
- ☐ Size of impact area-parallel and cross streets
- ☐ Potential implementation strategy and partner commitments
- ☐ Impact on School crossing locations and midblock crossing
- ☐ Need to add, remove, or modify traffic signals
- ☐ Existing or proposed roundabouts
- ☐ Near and long-range multimodal level of service (LOS) and queuing analysis for intersections and segments in the impact area under build and no-build scenario
- ☐ Mitigation to address the significant adverse impact on state roads and regional transportation system
- ☐ Crash data summary and analysis for the segments and intersections within the project limits
- ☐ Case-specific special considerations to be determined (e.g., railroad crossing improvements)

Lane Repurposing Initial Notice To Central Office

To: _____ From: _____ Date: _____
Systems Management Administrator *District Lane Repurposing Coordinator*

The intent of this notice is to inform Central Office that District _____ has received a request for lane repurposing on the State Highway System.

PROJECT INFORMATION
State Road and Project Location: _____
Roadway ID: _____ Project Limits (MP): from _____ to _____
Roadway ID: _____ Project Limits (MP): from _____ to _____
Context Classification: _____ Access Management Classification: _____
Applicant: _____
Project Description: _____
_____
_____

Proposed Change in Cross Section: From _____ lanes to _____ lanes

☐ SIS ☐ NHS

ACTIONS AND OUTCOMES TO DATE
District staff participated in a meeting with _____ on _____ to formally commence the lane repurposing review process. At that meeting, District staff provided an overview of the lane repurposing review process and the Applicant shared initial information about the lane repurposing project. The District determined the specific review process and analysis methodology for the lane repurposing request

NEXT STEPS
The Applicant will submit a Draft Concept Report (containing a proposed typical section) as the lane repurposing review process proceeds. If the District reviewers find the Draft Concept Report acceptable, the Applicant submits a formal Application Package (including the Final Concept Report) to the District. If the Application Package is complete and acceptable, the lane repurposing request will be approved at the District level. The Final Application Package along with signed Form-C will be sent to Central Office for final approval.

Concurrences:

_____ Date: _____
District Planning and Environmental Administrator

_____ Date: _____
District Design Engineer

_____ Date: _____
District Traffic Operations Engineer

Lane Repurposing Final Review And Approval Notice To Central Office

The intent of this notice is to inform Central Office that District _____ has completed the review for the following lane repurposing project on the State Highway System.

PROJECT INFORMATION

State Road and Project Location: _____

_____

Roadway ID: _____ Project Limits (MP): From _____ to _____
Roadway ID: _____ Project Limits (MP): From _____ to _____
Context Classification: _____ Access Management Classification: _____
Existing Posted Speed: _____ Proposed Posted Speed: _____
Design Speed: _____ Target Speed: _____
Transit facilities (stops and routes): ☐ Yes ☐ No
Applicant: _____

Project Description: _____

_____

Proposed Change in Cross Section: From _____ lanes to _____ lanes

☐ SIS ☐ NHS

Attachments: ☐ Concept Report ☐ Plan views ☐ Typical sections

District Concurrences:

_____ Date: _____
District Planning and Environmental Administrator

_____ Date: _____
District Design Engineer

_____ Date: _____
District Traffic Operations Engineer

Central Office Concurrence:

_____ Date: _____
Chief Planner

Final Approval:

_____ Date: _____
Chief Engineer

Design Plans Phase Review

DATE: _____

TO: _____

FROM: ___ COPIES: _____

SUBJECT: Response to _____ Phase Review

REF: Financial Project ID _____
FA Project Number _____
County _____

APPROVED:

_____
Responsible Professional Eng.
(Name of Consultant Firm)

* As appropriate

CONCURRENCE:

_____
* District Design Engineer
* District Structures Design Engineer
* District Project Management Engineer

Design Plans Component Review

DATE: _____

TO: _____

FROM: ___ COPIES: _____

SUBJECT: Response to _____ Component Review

REF: Financial Project ID _____
FA Project Number _____
County _____

APPROVED:

_____
Responsible Professional Eng.
(Name of Consultant Firm)

CONCURRENCE:

_____
* District Design Engineer
* District Structures Design Engineer
* District Project Management Engineer

* As appropriate

Special Provisions

DATE: _____

TO: _____

FROM: ___ COPIES: _____

SUBJECT: Response to _____ Component Review

REF: Financial Project ID _____
FA Project Number _____
County _____

APPROVED:

_____
Responsible Professional Eng.
(Name of Consultant Firm)

CONCURRENCE:

_____
* District Design Engineer
* District Structures Design Engineer
* District Project Management Engineer

* As appropriate

18 KIP Equivalent Single Axle Loads (ESAL)

Financial Project ID _____

State Road No. _____

County _____

I have reviewed the 18 KIP Equivalent Single Axle Loads to be used for pavement design on this project. I hereby attest that these have been developed in accordance with the FDOT ***Project Traffic Forecasting Procedure*** using historical traffic data and other available information.

_____
Name

_____
Signature

_____
Title

_____
Organizational Unit

_____
Date

Project Traffic

Financial Project ID _____

State Road No. _____

County _____

I have reviewed the Project Traffic to be used for design on this project. I hereby attest that it has been developed in accordance with the FDOT ***Project Traffic Forecasting Procedure*** using historical traffic data and other available information.

_____
Name

_____
Signature

_____
Title

_____
Organizational Unit

_____
Date

Sample Local Agency Maintenance Agreement
For Work Performed by the Department
Sheet 1 of 3

Financial Project ID: _____

Federal Aid No. _____

Local Agency: _____

Project Description: _____

_____

Bridge No.: _____

MAINTENANCE AGREEMENT

THIS AGREEMENT, made and entered into on this _____ day of _____, 20 ___, by and between the STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION (hereinafter called "DEPARTMENT"), and _____, Florida (hereinafter called "LOCAL AGENCY");

WITNESSETH:

WHEREAS, the DEPARTMENT is preparing to undertake a project within the LOCAL AGENCY and LOCAL AGENCY identified and known to the parties by Financial Project I.D. _____which will be of benefit to the LOCAL AGENCY; and

WHEREAS, approval of federal aid necessary to the project requires agreement by the LOCAL AGENCY to maintain the project;

NOW, THEREFORE, in consideration of the premises, the parties hereby agree as follows:

1. The DEPARTMENT will undertake the project and obtain approval of the Federal Highway Administration for federal participation.

2. Upon completion and acceptance, the LOCAL AGENCY will assume responsibility for maintenance of the project and will conduct such maintenance in accordance with approved state standards.

3. To the extent permitted by law, LOCAL AGENCY must indemnify, defend, and hold harmless the DEPARTMENT and all of its officers, agents, and employees from any claim, loss, damage, cost, charge, or expense arising out of any act, error, omission or negligent act by LOCAL AGENCY, its agents, or employees, during the performance of the Agreement, except that neither LOCAL AGENCY, its agents, or its employees will be liable under this paragraph for any claim, loss, damage, cost, charge, or expense arising out of any act, error, omission, or negligent act by the DEPARTMENT or any of its officers, agents, or employees during the performance of the Agreement**.** Nothing herein must waive the rights of sovereign immunity of either party.

Sample Local Agency Maintenance Agreement
For Work Performed by the Department

Sheet 2 of 3

4. In the event there are cost overruns, supplemental agreements (specifically incurred in the areas located off the State Highway System), and or liquidated damages not eligible to be paid for by federal funds due to the Federal Highway Administration determining that said costs are non-participating costs, the LOCAL AGENCY must be responsible for one hundred percent (100%) of the funds required to make up the shortfall not paid by federal funds. The Project is off of the "State Highway System," therefore, in accordance with ***Section 339.08(1), Florida Statutes***, State funding cannot be used for payments of non- participating costs on this Project. (Examples of non-participating items could be fishing piers; premium costs due to design or CEI errors or omissions; material or equipment called in for the plans but not used in the construction, as referenced in the Federal Aid Policy Guide 23, ***CFR Section 635.120***).

    a. Should such shortfalls occur, due to a determination that said costs are non-participating, the LOCAL AGENCY agrees to provide, without delay, a deposit within fourteen (14) calendar days of notification from the Department, to ensure that cash on deposit with the Department is sufficient to fully fund the shortfall. The Department must notify the LOCAL AGENCY as soon as it becomes apparent there is a shortfall; however, failure of the Department to so notify the LOCAL AGENCY must not relieve the LOCAL AGENCY its obligation to pay for its full participation of non-participating costs during the Project and on final accounting, as provided herein below. If the LOCAL AGENCY cannot provide the deposit within fourteen (14) days, a letter must be submitted to and approved by the Department's project manager indicating when the deposit will be made. The LOCAL AGENCY understands the request and approval of the additional time could delay the project, and additional non-participating costs may be incurred due to the delay of the project.

5. The DEPARTMENT intends to have its final and complete accounting of all costs incurred in connection with the work performed hereunder within three hundred sixty days (360) of final payment to the Contractor. The Department considers the Project complete when the final payment has been made to the Contractor, not when the construction work is complete. All non-participating Project cost records and accounts must be subject to audit by a representative of the LOCAL AGENCY for a period of three (3) years after final close out of the Project. The LOCAL AGENCY will be notified of the final non-participating cost of the project. Both parties agree that in the event the final accounting of total non-participating costs pursuant to the terms of this Agreement is less than the total deposits to date, a refund of the excess

will be made by the Department to the LOCAL AGENCY. If the final accounting is not performed within three hundred and sixty (360) days, the LOCAL AGENCY is not relieved from its obligation to pay.

6. In the event the final accounting of total non-participating costs are greater than the total deposits to date, the LOCAL AGENCY will pay the additional amount within forty (40) calendar days from the date of the invoice from the Department. The LOCAL AGENCY agrees to pay interest at a rate as established pursuant to Section 55.03, Florida Statutes, on any invoice not paid within forty (40) calendar days until the invoice is paid.

7. Any payment of funds under this Agreement provision will be made directly to the Department for deposit.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals on the day and year first above written.

_____,	STATE OF FLORIDA
LOCAL AGENCY OFFICIAL	DEPARTMENT OF TRANSPORTATION
By: _____	By: _____
Title: _____	District Secretary
_____	
(Type Name)	
ATTEST:	ATTEST:
_____	_____
Clerk (Seal)	Executive Secretary (Seal)
LEGAL APPROVAL:	LEGAL APPROVAL:
_____	_____
LOCAL AGENCY Attorney	Senior Attorney
_____	
(Type Name)	

Items of Work Checklist

DATE: ____

TO: _____, District Specifications

FROM: _____, Project Manager

COPIES TO:

SUBJECT: ITEMS OF WORK

Financial Project ID: _____(GOES WITH _____)

County (Section): _____

* Project Description: _____

The plans package for the above referenced project includes the following items of work to be performed:

- ☐ Milling & Resurfacing
- ☐ Base Work
- ☐ Shoulder Treatment
- ☐ Drainage Improvements
- ☐ Curb & Gutter
- ☐ Traffic Signals
- ☐ Lighting
- ☐ Other (Please Specify)
- ☐ Highway Signing
- ☐ Guardrail
- ☐ Landscaping
- ☐ Box or Three-sided Culverts
- ☐ Bridges
- ☐ MSE Walls
- ☐ Sidewalks/Shared Use Path

Please include the county, project description and all items of work that apply in the *Intent and Scope* so they may be added to the advertisement description.

* The project description should only include the road number and the limits or location of the project.

Record Shop Drawing Transmittal

Date _____

TO: _____

FROM: _____

(Final Review Office)

PROJECT NAME _____

FINANCIAL PROJECT ID _____

FEDERAL AID PROJECT NO. _____

CONTRACT ID NUMBER _____

COUNTY (SECTION) _____

STATE ROAD NUMBER _____

BRIDGE NUMBER _____

CONTRACTOR _____

ENGINEER OF RECORD _____

We are transmitting herewith the following Record Shop Drawings for archiving:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

For the Final Review Office: _____ _____

(Signature) (Date)

For the Receiving Office: _____ _____

(Signature) (Date)

Layer 3 Switch Worksheet

Chassis Based Switches					
Number of Management Blades					
Backplane Capacity					
Number of Copper Ports					
Protocol Requirements					
Number Fiber Ports #1		Fiber Port Speed			
Number Fiber Ports #2		Fiber Port Speed			
Number Fiber Ports #3		Fiber Port Speed			
Number Power Supplies		Voltage (AC/DC)			
Optics Needed					
	Optic #1	Optic #2	Optic #3	Optic #4	Optic #5
# Required					
Speed Requirement					
Distance Required					
Require OEM					

Stack Aggregation Switches					
Number of Fiber Ports					
Number of Copper Ports					
Protocol Requirements					
Number Power Supplies		Voltage (AC/DC)			
Optics Needed					
	Optic #1	Optic #2	Optic #3	Optic #4	Optic #5
# Required					
Speed Requirement					
Distance Required					
Require OEM					

Transportation Management Plan (TMP) Form

Responsible Professional Engineer:_____

FDOT Project Manager:_____

State Road: _____

Project Location: _____

Roadway ID: _____

Project Limits (MP): From _____ to _____

Project Description: _____

_____

Financial Project ID: _____ New Const. ☐ RRR ☐

Other _____ ☐

Federal Aid Number. _____

FHWA Projects of Division Interest Yes ☐ No ☐

In accordance with the requirements of the FDOT Design Manual (FDM) Chapter 240, the following items determine the scope and need of a Transportation Management Plan (TMP). Complete the following checklist and provide brief descriptions of the items included, as appropriate.

Indicate if the project meets one or both of the following qualifying conditions as "significant project":

☐ A project that, alone or in combination with other concurrent projects nearby, is anticipated to cause sustained work zone impacts.

☐ All Interstate system projects within the boundaries of a designated Transportation Management Area (TMA) that occupy a location for more than three days with either intermittent or continuous lane closures.

If either or both above qualifying conditions are met, indicate compliance with the following documents in development of a TMP for the Project:

☐ ***FDOT Design Manual***

☐ ***FDOT Standard Plans***

☐ ***FDOT Standard Specifications for Road and Bridge Construction***

☐ ***FDOT Basis of Estimates Manual***

☐ ***Manual on Uniform Traffic Control Devices for Streets and Highways, (MUTCD), Part VI***

☐ ***Policy on Geometric Design of Highways and Streets, AASHTO***

☐ ***Roadside Design Guide, AASHTO, Chapter 9***

☐ ***FDOT Accessing Transit Handbook, Chapter 4.6.***

☐ ***AASHTO Guide for the Development of Bicycle Facilities, 4th Edition, Chapter 7***

TMP Components:

Indicate that the following TMP Components have been addressed on the project:

☐ **Temporary Traffic Control Plan (TTCP)**

☐ **Work Zone Speed Established**

Speed Reduction Required (Y/N)

If Yes, is the "*Work Zone Speed less than Existing Posted Speed*" documentation completed (Y/N)

Yes **Lane Closure Analysis**

If included, was the *"Lane Closure Analysis Worksheet"* and any restrictions requiring approval completed (Y/N)

Yes **Traffic Pacing**

If included, was the *"Traffic Pacing Worksheet"* completed (Y/N)

Yes **Portable Changeable Message Signs**

If included, was the *"Portable Changeable Message Sign Worksheet"* completed (Y/N)

Yes **Bicycle, Pedestrian, and Transit Accommodations**

Yes **Railroads**

Was the District Railroad Coordinator consulted (Y/N)

Yes **Utilities**

Was the District Utility Coordinator consulted (Y/N)

Yes **Signals**

Was the District Traffic Operations Engineer consulted (Y/N)

Yes **Speed and Law Enforcement Officer**

Was the District Construction Office consulted or any usage requiring approval completed (Y/N)

☐ **Transportation Operations Plan (TOP):**

Briefly describe TOP components included on the project. If a comprehensive plan has been prepared, indicate below, and attach.

TOP Description:

☐ **Public Information Plan (PIP):**

Briefly describe PIP components included on the project. If a comprehensive plan has been prepared, indicate below, and attach.

PIP Description:

Portable Changeable Message Signs Worksheet

Location of board: _____

Used: from _____ at _____

to _____ at _____

Message programmed by: _____

MESSAGE 1

____ ____ ____ ____ ____ ____ ____ ____

____ ____ ____ ____ ____ ____ ____ ____

____ ____ ____ ____ ____ ____ ____ ____

MESSAGE 2

____ ____ ____ ____ ____ ____ ____ ____

____ ____ ____ ____ ____ ____ ____ ____

____ ____ ____ ____ ____ ____ ____ ____

Timing:

Message 1 will run: _____ seconds.

Message 2 will run: _____ seconds.

Standard Abbreviations For Use On Changeable Message Signs

Standard abbreviations easily understood are:

WORD	ABBREV.	WORD	ABBREV.
Boulevard	BLVD	Normal	NORM
Center	CNTR	Parking	PKING
Crossing	XING	Pedestrian	PED
Crosswalk	XWALK	Road	RD
Emergency	EMER	Service	SERV
Entrance, Enter	ENT	Shoulder	SHLDR
Expressway	EXPWY	Slippery	SLIP
Freeway	FRWY, FWY	Speed	SPD
Highway	HWY	Traffic	TRAF
Information	INFO	Travelers	TRVLRS
Left	LFT	Warning	WARN
Maintenance	MAINT		

Other abbreviations are easily understood whenever they appear in conjunction with a particular word commonly associated with it. These words and abbreviations are as follows:

WORD	ABBREV.	PROMPT
Access	ACCS	Road
Ahead	AHD	Fog*
Blocked	BLKD	Lane*
Bridge	BRDG	[Name]*
Chemical	CHEM	Spill
Construction	CONST	Ahead
Exit	EX, EXT	Next*
Express	EXP	Lane
Hazardous	HAZ	Driving
Interstate	I	[Number]
Major	MAJ	Accident
Mile	MI	[Number]*
Minor	MNR	Accident
Minute(s)	MIN	[Number]*
Oversized	OVRSZ	Load
Prepare	PREP	To Stop
Pavement	PVMT	Wet*
Quality	QLTY	Air*
Route	RT	Best*
Turnpike	TRNPK	[Name]*
Vehicle	VEH	Stalled*
Cardinal Directions	N, E, S, W	[Number]
Upper, Lower	UPR, LWR	Level

*** = Prompt word given first**

The following abbreviations are understood with a **prompt** word by about 75% of the drivers. These abbreviations may require some public education prior to usage.

WORD	**ABBREV.**	**PROMPT**
Condition	COND	Traffic*
Congested	CONG	Traffic
Downtown	DWNTN	Traffic
Frontage	FRNTG	Road
Local	LOC	Traffic
Northbound	N-BND	Traffic
Roadwork	RDWK	Ahead [Distance]
Temporary	TEMP	Route
Township	TWNNSHP	Limits

*** = Prompt word given first**

Certain abbreviations are prone to inviting confusion because another word is abbreviated or could be abbreviated in the same way. **DO NOT USE THESE ABBREVIATIONS:**

ABBREV.	**INTENDED WORD**	**WORD ERRONEOUSLY GIVEN**
WRNG	Warning	Wrong
ACC	Accident	Access (Road)
DLY	Delay	Daily
LT	Light (Traffic)	Left
STAD	Stadium	Standard
L	Left	Lane (Merge)
PARK	Parking	Park
RED	Reduce	Red
POLL	Pollution (Index)	Poll
FDR	Feeder	Federal
LOC	Local	Location
TEMP	Temporary	Temperature
CLRS	Clears	Color