

ORIGINATION FORM

THE INFORMATION BELOW IS TO BE PROVIDED BY THE ORIGINATOR

Specification: 544-4

Subject: Removal of “invoice + 20%” for damaged crash cushions.

Origination date: June 10, 2011

Originator: Stefanie Maxwell

Office/Phone: (850) 414-4314

Problem statement: Specifications for paying for the repair or replacement of crash cushions did not encourage the use of the most efficient one.

Proposed solution: Specifications have been modified to encourage the use of the most efficient crash cushions.

Information source: Stefanie Maxwell

Recommended Usage Note: All Jobs

Estimated fiscal impact, if implemented: None

Implementation of these changes, if and when approved, will begin with the January 2012 letting.

For Specifications Office Use Only

Begin date:

File Number:

Scheduled completion date: Projected process completion date.

Implementation team member: Specialist assigned to shepherd issue through the process.



Florida Department of Transportation

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GOVERNOR

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ANANTH PRASAD, P.E.
SECRETARY

M E M O R A N D U M

DATE: June 21, 2011
TO: Specification Review Distribution List
FROM: Rudy Powell, Jr., P.E., State Specifications Engineer
SUBJECT: Proposed Specification: **5440000 Crash Cushions.**

In accordance with Specification Development Procedures, we are sending you a copy of a proposed specification change.

This change was proposed by Stefanie Maxwell of the State Construction Office to include payment for restoring damaged crash cushions in the cost of the crash cushion.

Please share this proposal with others within your responsibility. Review comments are due within four weeks and should be sent to Mail Station 75 or to my attention via e-mail at SP965RP or rudy.powell@dot.state.fl.us. Comments received after **July 20, 2011** may not be considered. Your input is encouraged.

RP/dt
Attachment

CRASH CUSHIONS.
(REV 6-15-11)

SECTION 544 (of the Supplemental Specifications) is deleted and the following substituted:

SECTION 544
CRASH CUSHIONS

544-1 Description.

Install redirective and non-redirective crash cushions (of the sizes and types designated in the plans. Redirective crash cushions are safety devices with capabilities to redirect the impacting vehicle over the full length of the device. Non-redirective crash cushions allow controlled penetration of the impacting vehicle over the full length of the device.

544-2 Qualified Products List (QPL).

Use crash cushions listed on the QPL. Manufacturers seeking evaluation of their crash cushions shall furnish certified test reports showing that their products meet all test requirements of NCHRP 350 or the Manual for Assessing Safety Hardware 2009 (MASH).

544-3 Construction.

Handle and install manufactured materials or articles in accordance with the manufacturer's instructions and the Design Standards.

Use attenuators delineated with a Type I Object Marker specified in Section 705 or sheeting in accordance with 990-2.

Perform repairs necessary due to defective material, work, or operations without additional cost to the Department.

Restore the attenuator damaged by the traveling public after the installation is completed, accepted and serving its intended purpose on an open section of bridge or roadway within 24 hours.

544-4 Compensation.

Price and payment will be full compensation for the complete system or module in place and accepted, including object marker or sheeting, *and restoration of damaged crash cushions.* ~~Payment for restoring damaged crash cushions will be the manufacturer's/distributor's invoice price for the new materials/parts plus 20% markup. The 20% markup is compensation for all necessary work, including but not limited to labor, equipment, supplies and profit, as authorized by the Engineer.~~

Relocation of an existing crash cushion to a permanent location called for in the plans shall be paid for at the Contract unit price for relocating existing systems. Price and payment will be full compensation for relocating and reinstalling the system in accordance with the manufacturer's instructions and the Design Standards.

Payment will be made under:

- | | |
|-------------------|--------------------------------|
| Item No. 544- 74- | Relocate Crash Cushion - each. |
| Item No. 544- 75- | Crash Cushion - each. |