

FIELD REVIEW FORM

Local Agency _____ Field Review Date _____
 Project Number _____ Locator _____
 _____ (Dst/Co/Rte/PM/Agency)
 Project Name _____ Bridge No.(s) _____

1. PROJECT LIMITS (see attached list for various locations) _____

 _____ Net Length _____

2. WORK DESCRIPTION _____

3. PROGRAMMING DATA FTIP (MPO/RTPA) _____ FY _____ Page _____
 Amendment No. _____ FTIP PPNO _____ FHWA/FTA Approval Date _____
 Federal Funds \$ _____ Phases PE _____ R/W _____ Const _____
 Air Basin _____ (CMAQ only)

4. FUNCTIONAL CLASSIFICATION:

Urban _____	_____	Principal Arterial	Rural _____	_____	Principal Arterial
	_____	Minor Arterial		_____	Minor Arterial
	_____	Collector Street		_____	Major Collector
	_____	Local Street		_____	Minor Collector
				_____	Local Road

5. STEWARDSHIP CATEGORY

On NHS: Yes _____ No _____ Exempt (Per Stewardship): Yes _____ No _____
 If not exempt, Certification Acceptance: Yes _____ No _____

6. CALTRANS ENCROACHMENT PERMIT Is it required?: Yes _____ No _____

7. COST ESTIMATE BREAKDOWN (Including Structures)

		\$1,000's	Fed. Participation?	
			Yes	No
PE	Environmental Process	_____	_____	_____
	Design	_____	_____	_____
CONSTR	Constr. Contract	_____	_____	_____
	Constr. Engineer.	_____	_____	_____
R/W	Preliminary R/W Work	_____	_____	_____
	Acquisition:		_____	_____
	(No. of Parcels _____)	_____	_____	_____
	(Easements _____)	_____	_____	_____
	(Right of Entry _____)	_____	_____	_____
	RAP (No. Families _____)	_____	_____	_____
	RAP (No. Bus. _____)	_____	_____	_____
	Utilities (Exclude if included in contract items)	_____	_____	_____

GRAND TOTAL COST \$ _____

8. PROPOSED FUNDING

		Total Cost		Cost Share	
Grand Total		\$ _____			
Federal Program #1 _____		\$ _____	Fed. \$ _____	Reimb. Ratio _____	
(Name/App. Code) #2 _____		\$ _____	Fed. \$ _____	Reimb. Ratio _____	
Matching Funds Breakdown	Local:		Loc. \$ _____	_____ %	
	State:		St. \$ _____	_____ %	
	Other:		Oth. \$ _____	_____ %	

State Highway Funds? Yes _____ Source _____ No _____

State CMAQ/RSTP (TSM) Match Eligible Yes _____ No _____ Partial _____
 (If yes or partial, attach Minimum Information Requirements Sheet*)

Is the Project Underfunded? (Fed \$ < Allowed Reimb.) Yes _____ No _____

9. PROJECT ADMINISTRATION

		Agency	Consultant	State
PE	Environ Process	_____	_____	_____
	Design	_____	_____	_____
R/W	All Work	_____	_____	_____
CONST ENGIN	Contract	_____	_____	_____
CONSTRUCTION	Contract	_____	_____	_____
MAINTENANCE		_____	_____	_____

Will Caltrans be requested to review PS&E? _____ Yes _____ No

10. SCHEDULES: PROPOSED ADVERTISEMENT DATE _____

Other critical dates: _____

11. PROJECT MANAGER'S CONCURRENCE

Local Entity _____ Date: _____
 Title _____ Phone No. _____

Is field review required? Yes _____ No _____

Caltrans (District) _____ Date _____
 Title _____

12. LIST OF ATTACHMENTS (Include all appropriate attachments if field review is required. see the "[]" notation for minimum required attachments for non NHS projects)

- _____ Field Review Attendance Roster or Contacts Roster
- _____ Vicinity Map [Required for Construction Type Projects]

IF APPLICABLE (Complete as required depending on type of work involved)

- _____ Roadway Data Sheets [Req'd for Roadway projects]
- _____ Typical Roadway Geometric Section(s) [Req'd for Roadway projects]
- _____ Major Structure Data Sheet [Req'd for HBRR]
- _____ Railroad Grade Crossing Data Sheet
- _____ Airport Data Sheet (if within 3 kilometers)
- _____ Sketch of Each Proposal Alternate Improvement
- _____ TEA Application Document
- _____ Signal Warrants
- _____ Collision Diagram
- _____ Protection of Wetlands Statement
- _____ *CMAQ/RSTP State TSM Match Sheet [Req'd for match]

ROADWAY DATA

1. TRAFFIC DATA

Current ADT _____ Year ____ Future ADT _____ Year ____ DHV _____ Trucks ____%
 Terrain (Check One) _____ Flat _____ Rolling _____ Mountainous _____
 Design Speed _____
 Proposed Speed Zone _____ Yes _____ mi or km/h _____ No _____

2. GEOMETRIC INFORMATION

ROADWAY SECTION

Facility	Year Constr.	Min. Curve Radius	Thru Traffic Lanes			Shoulders		Median Width
			No. of Lanes	Total Width	Type	Each Width Lt/Rt	Type	
Exist.								
Prop.								
Min. Stds. selected:								
AASHTO _____								
3R _____								
Local _____								
	N/E Contig. Sect.							
	S/W Contig. Sect.							

Remarks (If design standard exception is being sought, cite standard and explain fully how it varies):

3. DEFICIENCIES OF EXISTING FACILITY (Mark appropriate one(s))

Pavement Surface Drainage
 Alignment Bridge
 Crossfall Safety (Attach collision diagram or other documentation)
 Other (describe below) Pavement Structure

Remarks _____

4. TRAFFIC SIGNALS Yes New (attach warrants) Modified No

5. MAJOR STRUCTURES Structure No.(s) _____ (attach structure data sheet)

6. OTHER TRANSPORTATION FACILITIES (Name)

None
 Railroad _____ (attach railroad data sheet)
 Airports _____ (attach airport data sheet)
 Transit _____
 Bicycle _____

