

DETAILED DAMAGE INSPECTION REPORT

(Title 23, Federal-aid Highways)

Report Number _____

Sheet _____ of _____

FHWA Disaster Number _____

Inspection Date _____

Federal-aid Route Number _____

State _____ County _____

Location (Name of Road and Milepost)

Description of Damage

Cost Estimate

	Description of Work to Date (Equipment, Labor, and Materials)	Unit	Unit Price	Quantity	Cost	
					Completed	Remaining
Emergency Repair						
Method				Subtotal		
<input type="checkbox"/> Local Forces <input type="checkbox"/> State Forces <input type="checkbox"/> Contract				PE/CE		
					Emergency Repair Total	

Permanent Restoration						
Method				Subtotal		
<input type="checkbox"/> Local Forces <input type="checkbox"/> State Forces <input type="checkbox"/> Contract				PE/CE		
					Right-of-Way	
					Perm. Repair Totals	

Environmental Assessment Recommendation <input type="checkbox"/> Categorical Exclusion <input type="checkbox"/> EA/EIS	Estimated Total	
Recommendation <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	FHWA Engineer	Date
Concurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	State Engineer	Date
Concurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Agency Representative	Date