

## MOBILITY CONSIDERATIONS PROJECT CHECK LIST

PROJECT NAME:	KEY NUMBER:	LOCATI	ON:
HIGHWAY NAME:	ROUTE #:		MP:

## **IMPACT ON MOBILITY**

(CHECK ALL THAT APPLY)				
DELAYS	RAMP CLOSURE	WIDTH		
ROAD CLOSURE	HEIGHT	WEIGHT		
LANE CLOSURE	LENGTH	DETOUR		
SPEED REDUCTION	OTHER (please specify):			

## □ <u>**DETOUR REVIEWED FOR</u>**:</u>

- □ LENGTH RESTRICTIONS
- □ WIDTH RESTRICTIONS
- □ WEIGHT RESTRICTIONS
- □ VERTICAL CLEARANCE
- $\Box$  Local events
- □ SPECIAL TRAVEL DAYS
- □ CAPACITY LIMITS
- □ EMERGENCY SERVICES

## $\checkmark$ communication check list $\checkmark$

- □ Contacted MCTD Technical Coordinator (e-mail GR-MCTD Mobility Team)
  - 1. Met with Trucking Industry representatives if required
  - 2. Provided Motor Carrier with a copy of the traffic control plan and sign plan
  - 3. Identified which part of the industry is effected by restriction, i.e. annual permit holders vs. single trip permits
- □ Provided project information to Region Mobility Liaison
- □ Worked with District Maintenance staff to identify and resolve any potential conflicts
- □ Worked with Oregon Bridge Delivery Partners to identify and resolve any potential conflicts
- $\Box$  Worked with local road authorities to identify and resolve any potential conflicts
- □ Worked with local utilities to identify and resolve any potential conflicts
- □ Worked with Rail Authorities to identify and resolve any potential conflicts
- □ Provided 28 day written notice to MCTD prior to start date of restriction
- □ Considered impacts of local events and special travel days prior to start of restriction
- □ Collaborated with Community Members (provided community outreach)

NAME (PRINT)	SIGNATURE	DATE
		Highway Mobility Operations Manual -