

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 -