PROJECT MOBILITY CONSIDERATIONS CHECK LIST

PDLT Operational Notice PD-16 Checklist – Revised 07/07/2014

1D To Cheemist Revised V//V/2011									
PROJECT NAME:	KEY NUMBER:	LOCATION:							
HIGHWAY NAME:	ROUTE #:	Mile Post #:							
NOTE 1: This checklist is initiated by a Project Leader Package, and provided to the construction project man		rring the project development phase, submitted with the PS&E project to the construction phase.							
NOTE 2: Off-system projects that create a mobility impact on the state system must also comply with PD-16 and this checklist. Project Leaders and Local Agency Liaisons with projects (<i>both on-system and off-system</i>) that have <u>no</u> mobility impacts should check the "No Mobility Impacts" box and sign the checklist (MCTD signature is <u>not</u> required for a "no mobility impact" project) before submitting it with the PS&E package.									
NOTE 3: To help expedite the MCTD Mobility turnaround time for project review, follow the Mobility Considerations Checklist Project Review Guidelines									
Check all that apply									
IMPACT ON MOBILITY:									
Road closure William Weight La	elays idth ne Closure oundabout	Ramp closure Height Length							
DETOUR REVIEWED FOR:									
	eight Restrictions ertical Clearance	☐ Local Events ☐ Special Travel Days							
PROJECT MOBILITY RESTRICTION CONSIDERATIONS WORKSHEET									
Temporary Clearance Considerations	Notes								
Are there any available options that would eliminate the restriction?									
Are there any available options that would minimize the restriction?									
Are there any available options that would she duration of the restriction?	orten the								
4. How will restricted traffic be detoured?									
How will all restricted vehicle owners be notifi restriction?	ed of the								
6. How will the restriction affect existing MCTD p	permits?								

(PROJECT MOBILITY CONSIDERATIONS CHECK LIST, Cont.)

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7.	7. How will the restrictions affect emergency services?		estrictions affect emergency services?		
8.	8. Are any other projects using the existing route as a detour? (e.g. Will you be detouring existing detoured traffic?				
Det	Detour Considerations		rations	Notes	
1.	. Are there any restrictions on the detour route?		restrictions on the detour route?		
	2. Is this route being used as a detour for other restricted routes?		eing used as a detour for other restricted		
	How will the detour route affect emergency services response times?				
	Will vehicles transporting hazardous materials be able to use the planned detour route?				
	Are there other projects along the proposed detour route which will restrict traffic?				
6. Is there another detour route available if something happens to the proposed detour route?		•			
PROJECT MOBILITY COMMUNICATIONS CHECKLIST					
Υ	N	NA	Action		
			Contacted MCTD Freight Mobility Coordinator: MCTDMOBILITYTEAM@odot.state.or.us		
			Provided MCTD with current copy of TMP/Restriction Summary		
			Met with Trucking Industry (if needed)		
			Identified which part of the industry is effected by restriction, i.e. annual permit holders vs. single trip permits		
			Project restrictions supported by MCTD & Trucking Industry: attach email(s) indicating MCTD support		
			Additional coordination is required with MCTD		
			Provided project information to Region Mobility Liaison		
			Worked with the following groups to identify and resolve any potential conflicts:		

(PROJECT MOBILITY CONSIDERATIONS CHECK LIST, Cont.)

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			 □ District Maintenance staff □ Oregon Bridge Delivery Partners □ Local road authorities □ Local utilities □ Rail Authorities 		
			Considered impacts of local events and special travel days prior to start of restriction		
			Confirm inclusion of local events and special travel days within project Special Provisions		
			Identified the need for 35 day written notice to MCTD prior to start date of restriction per ODOT Special Provisions, section 00220.03(a)		
			During construction provided 35 day written notice to MCTD prior to start date of restriction		
ADDITIONAL COMMENTS/NOTES					
OUDMITTAL INOTRIBUTIONS					
			SURMITTAL INSTRUCTIONS		
Proje	oct L oa	dore/l	SUBMITTAL INSTRUCTIONS		
	Submit state de la companie de la co	signed age MT and res a copy rtified	SUBMITTAL INSTRUCTIONS ocal Agency Liaisons: form and supporting emails to your Region Mobility Liaison at Design Acceptance Phase (DAP). CD as needed if there are changes to mobility impacts following DAP. submit form and supporting emails to your Region Mobility Liaison as needed following DAP. of the signed checklist in the PS&E packet submitted to the Office of Project Letting for ODOT bid projects. For projects, complete Project Mobility Considerations Checklist and include as part of PS&E Package at the ith a copy to the Region Mobility Liaison.		
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SIGNATURES

"This project has been vetted through MCTD and the Freight Industry.

Documentation in file and/or attached."

Note: MCTD signature is <u>not</u> required for a project that has no mobility impacts

REGION PROJECT LEADER, LAL, PROJECT MANAGER (PRINT)	SIGNATURE	DATE
		27.11.2
MCTD FREIGHT MOBILITY COORDINATOR (PRINT)	SIGNATURE	DATE
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