

BRIDGE SCOUR PLAN OF ACTION

STRUCTURE NO.: _____ DATE: _____

ROUTE SERVICE LEVEL: <input type="checkbox"/> EMERGENCY <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR	ROAD SURFACE: <input type="checkbox"/> PAVED <input type="checkbox"/> AGGREGATE <input type="checkbox"/> DIRT
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ACTION

OPTION: <input type="checkbox"/> CLOSE ROAD <input type="checkbox"/> REMAIN OPEN WITH RESTRICTIONS <input type="checkbox"/> REMAIN OPEN WITHOUT RESTRICTIONS	
RESTRICTIONS: <input type="checkbox"/> LANE LIMITS <input type="checkbox"/> LOAD LIMITS <input type="checkbox"/> WARNING SIGNS <input type="checkbox"/> OTHER: _____	
REPLACE STRUCTURE: <input type="checkbox"/> YES <input type="checkbox"/> NO PROPOSED STRUCTURE: _____	PROGRAM YEAR: _____
DETAILS: _____	

MONITORING YES NO

AREA OF CONCERN: _____	
REQUIRED POA LOG DOCUMENTATION: AS THE CRITERIA BELOW IS SATISFIED, IF NO CHANGE WITHIN A <u>12 MONTH</u> PERIOD, THEN DOCUMENT "NO CHANGE"	
SUPPLEMENTAL HYDRAULIC INSPECTION FREQUENCY: <input checked="" type="checkbox"/> 12 MO. <input type="checkbox"/> 6 MO. <input type="checkbox"/> OTHER _____ <input type="checkbox"/> PRE-STORM <input type="checkbox"/> DURING STORM <input type="checkbox"/> POST-STORM	INSPECTOR: _____
PRE-STORM FORECAST: <input type="checkbox"/> FLOOD WARNING <input type="checkbox"/> INTENSITY: _____ in/hr <input type="checkbox"/> STORM TOTAL: _____ in <input type="checkbox"/> PRE-STORM CLOSURE - CRITERIA: _____ <input type="checkbox"/> OTHER: _____	
POST FLOOD EVENT: <input type="checkbox"/> ROAD OVERFLOW <input type="checkbox"/> INTENSITY: _____ in/hr <input type="checkbox"/> STORM TOTAL: _____ in <input type="checkbox"/> OTHER: _____	
CLOSURE CRITERIA: FLOOD: <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR <input type="checkbox"/> STAGE: _____ ft <input type="checkbox"/> WATER ABOVE LOW STRUCTURE <input type="checkbox"/> ROAD OVERFLOW <input type="checkbox"/> MAJOR BERM SCOUR <input type="checkbox"/> APPROACH/BRIDGE FAILING <input type="checkbox"/> OTHER: _____	

CLOSURE PLAN

CLOSURE DETAIL: (FULL OR LIMITED CLOSURE) _____	
DETOUR ROUTE: _____	
CLOSURE NOTIFICATION:	
MAINTENANCE: _____	PHONE: _____
PUBLIC SAFETY: _____	PHONE: _____
MEDIA 1: _____	PHONE: _____
MEDIA 2: _____	PHONE: _____

REOPENING BRIDGE

CRITERIA: _____	
SAFETY INSPECTION AND/OR REPAIRS COMPLETED <input type="checkbox"/> OTHER: _____ AUTHORIZED BY: _____	

MAINTENANCE YES NO

PROPOSED: _____
SCHEDULE: _____

WRITTEN BY: _____	QC BY: _____	QA BY: _____
DATE: _____	DATE: _____	DATE: _____

THIS POA TO BE REEVALUATED AND REVISED AS NECESSARY FOLLOWING ANY SIGNIFICANT CHANGE IN SCOUR CONDITIONS.