Field Office Setup Request Form

Project Name: _____

ECMS Number: _____

WBS Information:_____

Is your trailer/office in place? ☐Yes ☐ No
If No, What is the expected delivery date? _____

Do you have electricity? ☐Yes ☐No
If "NO" when will it be connected? _____

What is the **exact** location of the office (Google maps link, GPS coordinates or 911 address)?

Do you have internet and phone service? ☐Yes ☐No
What is your phone number at the office? _____
What is your cell phone number? _____

How many computers from IT will you need for the office? _____
Will you need external monitors? ☐Yes ☐No

What company is supplying the internet service? _____

How many **total** computers will be connected to the network there? _____

Is there a router supplied by the internet service? ☐Yes ☐No
What is the make and model of the router? _____
How many network ports are available? _____
Did the contractor set up network cables for the office? ☐Yes ☐No
Do you have patch cables on hand? ☐Yes ☐No

Is the contractor supplying you with a copier/MFC or will you need a printer from IT?
◯Contractor Supplied MFC ◯ IT Supplied Printer ◯Both
If the contractor is supplying the printer/copier/MFC what is the make/model?
_____

District 10-0 Construction Website Setup Form

ECMS#

Project Name:

SR (Sec): *County:*

Municipality:

Project Description:

Project Designer:

A.C.E.:

Project Inspector-in-charge:

Dept. Staff who need to be able to update website:

Project Office Phone: *Project Office Fax:*

Project Office Email:

Consultant Inspection on Project? ☐ *Yes* ☐ *No*

If Yes, *Consultant Firm:*

Number of Consultant Inspectors:

Prime Contractor: *Field Superintendent:*

Actual Notice to Proceed Date:

Anticipated Completion Date:

Construction Cost:

Please have this filled out and returned to Dave Podratsky no later than one (1) week after the pre-job. It may be emailed to him at dpodratsky@pa.gov .

PRINT FORM

CS-901 (11-11)

pennsylvania
DEPARTMENT OF TRANSPORTATION

WORK ZONE TRAFFIC CONTROL COMPLIANCE CHECKLIST AND NOTIFICATION

Page: ________ of ________

Stage: ________________

Contract No: ________________

Inspection			Time Reviewed	Inspector
MONTH	DAY	YEAR	______ ☐ AM ______ ☐ PM	

Delivered Hardcopy to Contractor?	Date Sent			Time Sent	Check Box if WZLD* will be assessed	Recipient of Notification*
☐ Yes ☐ No	MONTH	DAY	YEAR	______ ☐ AM ______ ☐ PM	☐	

Traffic Control Devices	AM Deficiency		PM Deficiency		Comments	Date/Time Corrected
	YES	NO	YES	NO		
	☐	☐	☐	☐		
	☐	☐	☐	☐		
	☐	☐	☐	☐		
	☐	☐	☐	☐		
	☐	☐	☐	☐		
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	☐	☐	☐	☐		
	☐	☐	☐	☐		
	☐	☐	☐	☐		

*** Work Zone Liquidated Damages will be assessed as per Publication 408 Section 901.3(t).**

INSTRUCTIONS FOR COMPLETING THE WORK ZONE TRAFFIC CONTROL COMPLIANCE CHECKLIST AND NOTIFICATION FORM CS-901

When to use Form CS-901:

1.) Long Term Work Zone Traffic Control Compliance Reviews:
- The Department Representative shall use Form CS-901 to document all long-term work zone traffic control compliance reviews.

2.) Short Term Work Zone Traffic Control Compliance Reviews:
- The Department Representative shall use Form CS-901 to document short term work zone traffic control issues and conditions in situations where the contractor neglects or refuses to correct identified deficiencies. This documentation is required in the event assessment of liquidated damages is appropriate or becomes necessary.

  In situations where short term work zone traffic control measures are correct and in compliance with Publication 213, PATA #, the Department Representative shall include a statement in their PSA, for the operation they are reviewing in lieu of using Form CS-901.

How to complete Form CS-901:

1.) Enter the Contract number on the form then begin by listing all the traffic control devices that you will need to review. Listing them in the order of how you will drive the traffic control route is recommended. On large projects your list can also be separated for the various stages of construction. Once the devices are listed **save the form as a template** so you can reuse it as many times as necessary without having to list all the devices again.

2.) When you are ready to do your daily traffic control review, print out a copy of the template and complete the month, day, year, time of review, and the Inspectors name performing the review. Take this hardcopy with you and complete the required information shown on the form for each traffic control device.

3.) After completing your review you have two options:

a. If no deficiencies were noted during the review, complete the box “Delivered Hardcopy to Contractor” by placing a check in the “NO” box, unless the contractor has requested a copy of reviews with no deficiencies. Some contractors may want a copy of all completed reviews, which is permitted. Keep a hardcopy of the review in the project records or you may keep anelectronic copy of the review on the project computer. Each review shall be available for inspection oversight purposes.

b. If deficiencies are noted on the review, complete the box “Delivered Hardcopy to Contractor” by placing a check in the “YES” box. Also complete the month, date, year, and time the form was delivered to the contractor. **The time the form was delivered to the contractor is important because the contractor has a specified amount of time, according to Section901.3(t), to correct the deficiencies after this notification is delivered and before liquidated damages are assessed. Obtain the signature of the contractor’s field person in charge on the form, in the box “Recipient of Notification”, for proof of receipt and make a copy of it for the project records. If they refuse to sign the form, print the name of the person and note that they refused to sign, in the box “Recipient of Notification”.**

   An electronic copy of Form CS-901 can be emailed to the contractor’s home office and a hardcopy of Form CS-901 can be given to the contractor’s field person in charge.

   Notify your Assistant Construction Engineer/Manager prior to actually assessing liquated damages.

   NOTE: Good and timely communication with the contractor concerning deficiencies found during a work zone traffic control review is imperative. Form CS-901 is being used as a review checklist for Department Representatives and can also serve as written notification that liquidated damages will be assessed according to Publication 408, Section 901(t).

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATERWAYS ENGINEERING AND WETLANDS

VISUAL SITE INSPECTION REPORT

Note: It is a condition of National Pollutant Discharge Elimination System and Erosion and Sediment permits that a maintenance program be conducted to provide for the operation and maintenance of all BMPs to be inspected on a weekly basis and after each stormwater event. Please list in the space provided comments to note if repairs or replacement are needed or have been made for BMPs as a result of the inspection. Failure to conduct the required inspection may result in permit suspension or the imposition of civil penalties. If supplemental monitoring is required as part of a permit condition this form may be used to meet those monitoring requirements.

Project Site Name: _____ Date: _____ Inspection #: _____

Time: _____ Weather: _____

Permit #: _____ Photos Taken: Yes ☐ No ☐

Inspector/Title: _____

Municipality(s): _____

County(s): _____

Inspection Type (check one): Weekly ☐ Stormwater Event ☐

		Y	N
1.	Are the approved (Stamped) E & S plan and PCSM plan present on site?	☐	☐
2.	Are there activities occurring outside of the limits of disturbance shown on the plan drawings? (If yes, notify conservation district and explain.)	☐	☐
3.	Is Construction Sequence being followed? (If No, notify conservation district and explain.)	☐	☐

4. E & S BMPs (List BMPs and note if installed and maintained as per the plan.)

	Y	N		Y	N
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐

Were repairs/maintenance/replacement BMPs necessary (if so, describe): _____

_____

_____

_____

5. **Site Conditions**	Y	N
Sediment Discharge is occurring to waters or wetlands from earth disturbance activity?	☐	☐
Stabilization of inactive disturbed areas, stockpiles, or at final grade? (exceeding 4 days inactive)	☐	☐
Are slopes 3:1 and greater stabilized with appropriate BMPs?	☐	☐

6. **PCSM BMPs**

Are areas intended for PCSM BMPs being protected from compaction?	☐	☐

PCSM BMPs (List BMPs and note if installed and maintained as per the plan.)

	Y	N		Y	N
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐

Were repairs/maintenance/replacement BMPs necessary (if so, describe): _____

_____

_____

_____

7. **Department/Conservation District has been notified within 24 hours of non-compliance, including discharge to waters or wetlands?** ☐ ☐

8. **Identify all remedial measures that have been taken or will be taken on this site.**

_____

_____

_____

_____

Inspector's Signature: _____ Date: _____

Company Name: _____

Attach additional sheets for comments/repairs/remedial measures if necessary.

District 10

PRESS OFFICE TRAFFIC ALERT INFORMATION FORM

Submit to the District Press Officer – Deborah L. Casadei 724-357-2829

DATE:
COUNTY:

PROJECT NAME:
PROJECT SR/GRP # (IF APPLICABLE):
ECMS # :

COMMON ROAD NAME-
MUNICIPALITY-
BEGINNING LANDMARK (INTERSECTION):
ENDING LANDMARK (INTERSECTION:

DATE AND TIME WORK BEGINS: AM / PM
What traffic impacts will be in place? Flagging, lane restrictions, closure?

DATE AND TIME WORK ENDS:
If closure, expected re-opening date.

ALTERNATIVE DATE DUE TO WEATHER:

SCOPE AND DESCRIPTION OF WORK: (ex. new project, construction, drilling, utilities, inspection, ramp work, bridges –**Please give project description**)

What is the expected benefit to the travelling public? (extend the life of the bridge, new modern transportation facility, keep bridge from being posted/closed, smooth roadway, increased mobility for pedestrians, etc).:

TRAFFIC RESTRICTIONS AND TIME OF RESTRICTIONS :(Closure – give to and from locations and local road names, daylight lane closures, flagging operations, If phasing – mention dates and sequences, etc.):

DETOUR (IF APPLICABLE): (give SRs and local road names – if you have a map, please email it)

PROJECT/CONTRACT START/END DATE:

PROJECT COST::
CONTRACTOR'S NAME and CITY:

COMMENTS:

SUBMITTOR'S NAME:
PHONE NUMBER:
NAME OF ASSISTANT CONSTRUCTION ENGINEER (ACE):

SUBMIT TO District Press Office by email (dcasadei@pa.gov) or FAX (724-357-2084)

ISO 9001:2008 Overview for Consultants, ESTI's and New Employees

As a result of an audit of our ISO Processes 5.1 and 5.2 (Management Commitment and Customer Focus), it has been determined at our December 16, 2008 ISO Management review meeting that all Consultant Inspectors, ESTI's and new Employees in Construction in District 10-0 will be given our **Consultant-ESTI** or **New Employee Overview** Presentation.

The presentations can be found at the following location: J:\Construction\ISO\Employee-Consultant Presentations

After you give the overview to each, please sign and date after the statement below.

I have reviewed the overview for ISO 9001:2008 with the following employee(s) on this construction project.

PennDOT Project Manager: _____, Date: _____

I have received the overview for ISO 9001:2008 on the date below:

Inspector: _____, Date: _____

Inspector: _____, Date: _____

Inspector: _____, Date: _____

Inspector: _____, Date: _____

Inspector: _____, Date: _____

Inspector: _____, Date: _____

Inspector: _____, Date: _____

Inspector: _____, Date: _____

Inspector: _____, Date: _____

Inspector: _____, Date: _____

Inspector: _____, Date: _____

Inspector: _____, Date: _____

Inspector: _____, Date: _____

Inspector: _____, Date: _____

M-937R (3-13)

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

ROUTE/BRIDGE RESTRICTION

Construction, Maintenance, Bridge and Highway Occupancy Unit(s) must notify the District Permit Office **10 "WORKING" days*** (excluding holidays) before prohibiting oversize/overweight vehicles from traveling through restricted area.

Project Information

(Must be submitted in proper time frame in accordance with the 10 Working Day Rule - See Below)

Date Prepared:	Prepared By: *(PennDOT Representative)*	Phone #: *(PennDOT Representative Phone No.)*

Contractor Name: *(Prime Contractor/Permittee/County Maintenance)*	Contact: *(Contractor CN Approval Contact)*	Phone #: *(Contractor CN Approval Contact No.)*
Contact: *(Contractor 24 Hour Emergency Contact)*	Phone #: *(Contractor 24 Hour Emergency No.)*	

Restriction Type:
☐ Route ☐ Bridge ☐ Maintenance Project ☐ HOP ☐ Special Event ☐ Other:

Origin County: *(County of Start of Project Location)*	Origin Town: *(Town of Start of Project Location)*
Destination County: *(County of End of Project Location)*	Destination Town: *(Town of End of Project Location)*
Start Date: *(Date the physical restriction is in place in the field)*	End Date: *(Date the restriction is to be removed from the APRAS system)*
State Route: *(If multiple routes, submit multiple forms)*	Travel Direction: ☐ North ☐ South ☐ East ☐ West
From Segment/Offset:	To Segment/Offset:

Starting Intersection – Closest State or Municipal Road: *(Based off of Type 10 Mapping)*

Ending Intersection – Closest State or Municipal Road: *(Based off of Type 10 Mapping)*

Project Restriction Details

Restriction Type: ☐ Road Closed ☐ Bridge Closed ☐ Width ☐ Height ☐ Length ☐ Weight

Project Location Map Attached: ☐ Yes

Please list the maximum measurements that can safely travel through the restricted area below for the project restriction type selected:

Maximum Length: _____ FT. _____IN. Maximum Width: _____ FT. _____ IN.

Maximum Height:_____ FT. _____IN. Maximum Gross Weight: _____ LBS.

District Permit Office Use Only

Date Received in Permit Office:	Miscellaneous Restriction ID(s): # _____ # _____
Received and Processed by:	Canned Route(s): # _____ # _____
Confirmation sent: ☐ Yes ☐ No	Administrative Message(s): # _____ # _____

** 10 WORKING DAYS: This does not include the day you submit this form to the Permit Unit. The FIRST day that the Restriction would go into effect is on the 11th day, not the 10th day.*

Click to Print

M-937RO (3-09)

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

ROUTE/BRIDGE RESTRICTION OPENING

Construction, Maintenance, Bridge and Highway Occupancy Unit(s) must notify the District Permit Office **5 "WORKING" days** (excluding holidays) before opening restricted area to oversize/overweight vehicles.

PLEASE PRINT - *COMPLETE APPLICABLE BLANKS*

Date Prepared: _____ Prepared By: _____

Opening Type: ❑ Route ❑ Bridge ❑ Maintenance Project ❑ HOP ❑ Other _____

Origin County: _____ Origin Town: _____

Destination County: _____ Destination Town: _____

Effective Opening Date: _____

State Route: _____ Travel Direction: ❑ North ❑ South ❑ East ❑ West

Starting Intersection: _____ Segment: _____ Offset: _____

Ending Intersection: _____ Segment: _____ Offset: _____

Complete this section if: (1) bi-directional restriction; (2) divided highway; (3) coincident SRs (e.g., 11/15, 22/322):

State Route: _____ Travel Direction: ❑ North ❑ South ❑ East ❑ West

Starting Intersection: _____ Segment: _____ Offset: _____

Ending Intersection: _____ Segment: _____ Offset: _____

Comments: _____

_____

_____

_____

_____

_____

DISTRICT PERMIT OFFICE USE ONLY

Date Received in Permit Office:	Canned Route#(s): _____
Received and Processed by:	Deactivated on: _____
Miscellaneous Restriction ID:# _____	# _____
Administrative Message#: _____ re-versioned with Opening Notice on: _____	
Administrative Message#: _____ re-versioned with Opening Notice on: _____	

EO-354 (3-11)

pennsylvania
DEPARTMENT OF TRANSPORTATION

DBE COMMERCIALLY USEFUL FUNCTION REPORT (for Federally Funded Projects Only)

ECMS Number	District	Review Date:

Prime Contractor:

DBE Firm:	DBE Function:

Provide a brief description of the DBE's scope of work. (Obtain copy of Subcontract Agreement and/or Purchase Order if needed.)

For any question marked 'No', please explain in the 'Comments' section below and fax the form as indicated on page 2.

PERFORMANCE	YES	NO	N/A
1. Does the DBE have its own employees on the job to perform the work?	☐	☐	☐
2. Does the DBE own the equipment being utilized to perform its work? If No, attach equipment list, ownership documents, and rental/lease agreements.	☐	☐	☐
3. Is the DBE self performing the subcontract defined task for a specific item of work (distinct element) on the contract?	☐	☐	☐

HAULING FIRMS	YES	NO	N/A
1. Does the DBE hauling firm own and/or lease their trucks? (review ownership/vehicle registration and/or lease documents to verify)	☐	☐	☐
2. Does the DBE employ drivers for trucks owned by the company? (If leased trucks include operators, this should be indicated in the agreement/purchase order.)	☐	☐	☐
3. Do the haul tickets and/or bills of lading associated with the project confirm that hauling is being performed by the DBE?	☐	☐	☐

MATERIAL SUPPLIERS OR MANUFACTURERS/FABRICATORS	YES	NO	N/A
1. Does the DBE's name appear on all applicable invoices, haul tickets, and/or bills of lading?	☐	☐	☐
2. Did the DBE provide documentation showing that the funds used to pay a supplier in fact came from the DBE's own funds?	☐	☐	☐
3. If the DBE had any materials drop shipped to the project site, was the invoice addressed to the DBE?	☐	☐	☐
4. Did the DBE deliver materials to the site with their own and/or leased trucks?	☐	☐	☐

SUPERVISION	YES	NO	N/A
1. Is the DBE self performing work without assistance from the prime or another subcontractor?	☐	☐	☐
2. Is the DBE providing supervision of its employees and their work?	☐	☐	☐
3. Is the supervisor a full-time employee of the DBE?	☐	☐	☐

COMMENTS (This section may be used to describe other concerns not described above or to provide additional information).

ECMS Project No.:	DBE Firm:

INSPECTOR-IN-CHARGE

Signature _____ Date _____

Print Name _____ Phone Number _____

Complete one form for each DBE participating on any federally funded project within five (5) days after the DBE firm starts work. If all supporting records and documents are not yet available, please indicate those that still need to be reviewed in the 'Comments' section above and complete the form to the extent possible. As those records become available they should be reviewed and any unanswered questions should be completed. This form and any supporting documentation are to be kept with the project files.

If any question is marked 'No', please explain in the 'Comments' section above and immediately fax one copy of the completed form to the Bureau of Equal Opportunity (BEO), DBE/Title VI Division via fax at 717-772-4026 and provide another copy to the District Labor Contract Compliance Agent (DLCCA). BEO must perform a CUF evaluation and provide a file copy of the CUF determination in order to finalize the project. If you have any questions or concerns, please contact BEO at 717-787-5891 or 1-800-468-4201.

FOR THE BUREAU OF EQUAL OPPORTUNITY USE ONLY

Action Taken:

Signature _____ Date _____

Print Name _____

GUIDANCE FOR COMPLETING THE CUF FORM

The guidance below is included to assist you in determining whether or not a Disadvantaged Business Enterprise (DBE) is performing a Commercially Useful Function (CUF) as required under Section 26.55 of Title 49 Code of Federal Regulations Part 26 (Part 26). Federal DBE regulations provide that a DBE is performing a CUF when it is responsible for execution of the work it committed to perform under a contract with the prime and is, in fact, carrying out its contractual responsibilities by performing, managing, and supervising the work. CUF is evaluated under the portion of Part 26 that indicates when DBE participation can be counted towards the project goal (that section is included as an attachment to this document). If it is determined that a DBE is not performing a CUF on some or all of the work subcontracted to them, the prime contractor will lose DBE credit.

Please note that it does not cover every potential CUF issue. Whenever you are unsure of whether a DBE is performing a CUF, contact the Bureau of Equal Opportunity (BEO) at 717-787-5891 or 1-800-468-4201 for further guidance. If necessary, BEO will confer with the Office of Chief Counsel.

Maintain the completed form in the project files. If all supporting documentation is not yet available, please complete the form to the extent possible indicating in the 'Comments' field any items that still need to be reviewed. Upon receipt of the additional documentation the CUF form should be completed. Continue to monitor the DBE firm to ensure that Commercially Useful Function requirements are being met during the life of the project. A CUF form **must be completed for all DBEs performing on any federally funded project**, regardless if they are being used to meet the DBE project goal. Every time a DBE performs a new or different function on the project, a new CUF form should be completed. When in doubt contact the BEO for additional guidance and/or assistance.

Please note that there is no cookbook or exhaustive list of CUF situations as they tend to be fact-specific. The following are examples of some of the more common incidences:

PERFORMANCE

RED FLAGS

- Employee(s) working for both the Prime and the DBE
- Equipment used by DBE belongs to the Prime Contractor
- Equipment used by DBE belongs to another contractor with no formal lease agreement
- Equipment signs and markings cover another contractor's identity
- Equipment has another contractor's name on it
- A portion of the DBE's work being done by the Prime Contractor or jointly with another contractor

RECORDS/DOCUMENTS

- Certified payrolls
- Equipment ownership, rental, or lease documents (recommend District require copy along with subcontract submittal)
- Subcontract Agreement or Purchase Order

HAULING FIRMS

RED FLAGS

- Trucks used by DBE belong to the Prime Contractor.
- Trucks used by DBE belong to another contractor with no formal lease agreement
- Truck signs and markings conceal another contractor's identity
- Trucks have another contractor's name on them
- Operator(s) working for both the Prime and DBE
- Use of operator(s) for leased trucks is/are not specified in the lease agreement and operator(s) is not an/are not employee(s) of the DBE
- Haul tickets and/or bills of lading have a firm other than the DBE listed

RECORDS/DOCUMENTS

- Certified payrolls
- Truck ownership/vehicle registration, purchase orders, rental, or lease documents (recommend District require copy along with subcontract submittal)

MATERIAL SUPPLIERS OR MANUFACTURERS/FABRICATORS

RED FLAGS

- Invoices do not indicate that DBE is the customer
- A Prime Contractor's employee is listed as the contact person on invoices
- Materials are ordered, billed to, and/or paid, by the Prime Contractor
- Drop shipped materials are addressed to the Prime Contractor
- Materials for DBE credited work are delivered by the Prime Contractor
- Evidence is provided that the DBE supplier is not actually supplying material
- Evidence is provided that the DBE manufacturer is not actual manufacturing material
- Two Party checks or joint checks are sent by the Prime to the supplier or manufacturer

RECORDS/DOCUMENTS
- Invoices/Purchase Orders
- Copies of cancelled checks, electronic bill transfers, bank statements, credit card statement, etc.
- Bills of Lading

SUPERVISION

RED FLAGS
- Prime Contractor or another subcontractor is performing the DBE's work
- The DBE's employees are being supervised by the Prime Contractor or another subcontractor
- The DBE provides little or no supervision of work
- The DBE supervisor is not a full-time employee of the DBE

RECORDS/DOCUMENTS
- Document communication with DBE owner or Superintendent (recommend note in field inspector's diary/PSA)
- Certified Payrolls

DBE REGULATIONS REGARDING COMMERCIALLY USEFUL FUNCTION (CUF)
49 Code of Federal Regulations Part 26 Section 55 as edited for conformity with
Pennsylvania Department of Transportation requirements

(c) Count expenditures to a DBE contractor toward DBE goals only if the DBE is performing a commercially useful function on that contract.

(1) A DBE performs a commercially useful function when it is responsible for execution of the work of the contract and is carrying out its responsibilities by actually performing, managing, and supervising the work involved. To perform a commercially useful function, the DBE must also be responsible, with respect to materials and supplies used on the contract, for negotiating price, determining quality and quantity, ordering the material, and installing (where applicable) and paying for the material itself. To determine whether a DBE is performing a commercially useful function, you must evaluate the amount of work subcontracted, industry practices, whether the amount the firm is to be paid under the contract is commensurate with the work it is actually performing and the DBE credit claimed for its performance of the work, and other relevant factors.

(2) A DBE does not perform a commercially useful function if its role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of DBE participation. In determining whether a DBE is such an extra participant, you must examine similar transactions, particularly those in which DBEs do not participate.

(3) If a DBE does not perform or exercise responsibility for at least 30 percent of the total cost of its contract with its own work force, or the DBE subcontracts a greater portion of the work of a contract than would be expected on the basis of normal industry practice for the type of work involved, you must presume that it is not performing a commercially useful function.

(4) When a DBE is presumed not to be performing a commercially useful function as provided in paragraph (c) (3) of this section, the DBE may present evidence to rebut this presumption. You may determine that the firm is performing a commercially useful function given the type of work involved and normal industry practices.

(5) Your decisions on commercially useful function matters are subject to review by the concerned operating administration, but are not administratively appealable to DOT.

(d) Use the following factors in determining whether a DBE trucking company is performing a commercially useful function:

(1) The DBE must be responsible for the management and supervision of the entire trucking operation for which it is responsible on a particular contract, and there cannot be a contrived arrangement for the purpose of meeting DBE goals.

(2) The DBE must itself own and operate at least one fully licensed, insured, and operational truck used on the contract.

(3) The DBE receives credit for the total value of the transportation services it provides on the contract using trucks it owns, insures, and operates using drivers it employs.

(4) The DBE may lease trucks from another DBE firm, including an owner-operator who is certified as a DBE. The DBE who leases trucks from another DBE receives credit for the total value of the transportation services the lessee DBE provides on the contract.

(5) The DBE may also lease trucks from a non-DBE firm, including an owner-operator. The DBE who leases trucks from a non-DBE is entitled to credit only for the fee or commission it receives as a result of the lease arrangement. The DBE does not receive credit for the total value of the transportation services provided by the lessee, since these services are not provided by a DBE.

(6) For purposes above, a lease must indicate that the DBE has exclusive use of and control over the truck. This does not preclude the leased truck from working for others during the term of the lease with the consent of the DBE, so long as the lease gives the DBE absolute priority for use of the leased truck. Leased trucks must display the name and identification number of the DBE.

RW-397A (7/07)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF TRANSPORTATION

ROW OFFICE PROJ. NO.	
COUNTY	
S.R. – SECTION	
MUNICIPALITY	
PARCEL NO.	
CLAIM NO.	
CLAIMANT	

AUTHORIZATION TO ENTER

(Waiver of Claim)

Commonwealth of Pennsylvania
Department of Transportation

Gentlemen:
I (we) the undersigned hereby authorize the Commonwealth of Pennsylvania, Department of Transportation, its agents, employees, and contractors to enter upon my (our) property abutting the above highway for the following purpose(s):

In consideration of the above construction by the Commonwealth of Pennsylvania, Department of Transportation, the undersigned agree(s) to make no claim under the Eminent Domain Code against the Commonwealth of Pennsylvania, its agents, employees, or contractors, on account of said construction.

Date: _____

INDIVIDUALS

_____

_____

_____

_____

_____

_____

ENTITIES*

OWNER:

_____
(Name of Entity)

BY: _____

BY: _____

* Use this block for a corporation, partnership, LLC, government entity, school district, church, trust, club, association, POA, attorney-in-fact, executor, administrator or any other entity. See R/W Manual Section 3.06.

As a valuable aid in reducing construction zone accidents and to meet the reporting requirements of the Pennsylvania Vehicle Code (75 Pa. C. S. Chapter 37), the District Office must be informed of all accidents occurring within the limits of construction projects as soon a possible.

All accidents occurring on the project are to be reported, by the Inspector-in-Charge, to the District Construction Safety Officer; the District Traffic Engineer, the District Risk Management Engineer, or the Assistant Construction Executive; and the local or State Police.

Often, the Inspector-in-Charge may not be aware of construction zone accidents that have occurred during non-working hours. In order that accident sites can be reviewed as soon as possible and required reporting and notification initiated, establish a cooperative procedure whereby the local police agency or the Pennsylvania State Police will systematically notify the District Construction Unit within a reasonably short period of time (24 hours or the next working day) after a traffic accident occurs within or near a construction project during non-working hours.

Cooperation from all sources in the accident reporting effort is necessary to have an efficient and effective method for obtaining complete and accurate work zone traffic accident statistics. Accident data are essential in evaluating our current work zone traffic control practices and in determining and developing new methods and procedures for accommodating traffic within construction zones.

All requests for accident information that cannot be met at the District level are to be directed to the Bureau of Maintenance and Operations.

Responsibilities of the District Construction Unit

For all projects, a representative of the District Construction Unit should meet with the supervisor of the local police agency or the local State Police substation, as appropriate, to advise them of the upcoming construction project within their jurisdiction and arrange for them to contact a designated Project Representative whenever a traffic accident occurs within the specified limits of the project during non-working hours.

Responsibilities of the Inspector-in-Charge

1. Upon being made aware of the occurrence of a construction zone accident for which a report must be made as required by the PA Vehicle Code, a full report of the accident is to be obtained by the Inspector-in-Charge. A reportable accident, as defined in the Vehicle Code, is one that involves injury to or the death of any person, or damage to any vehicle involved to the extent that it cannot be driven under its own power and therefore requires towing. The Vehicle Code specifies that an initial written report is to be made available by the local police agency or the State Police within 15 days of the accident. The Inspector-in-Charge should be prepared to provide proof of Commonwealth employee status by presenting proper Department identification to the responsible police agency when requesting the accident report.

2. Upon being made aware of the occurrence of any construction zone accident, the Inspector-in-Charge should immediately notify the District Traffic Unit and then inspect the work zone to determine if changes or revisions are needed in the traffic control methods being employed. The Project Engineer can recommend changes or revisions to the Traffic Control Plan (TCP) as a result of an accident. The District Traffic Unit will review the suggested TCP changes. Minor field adjustments that are made to the TCP are to be noted in the Master Diary.

3. For each reportable work zone accident, the Inspector-in-Charge should complete the Construction Zone Vehicular Accident (Crash) Report Form (See Page C.9.13-4) to ensure that all pertinent information is recorded. Submit a copy of the completed form, along with a copy of the official police accident report, if available, to both the Construction Unit and the District Traffic Engineer.

4. Maintain any individual accident reports and project accident analysis done by the District Traffic Unit in a separate project file. This project file is to be labeled **"CONFIDENTIAL"** due to the fact that the data and information contained in the file are part of a traffic engineering and safety study. The safety study documentation is only provided to those official agencies or persons who have responsibility in the highway transportation system and may only be used by such agencies or persons for traffic safety-related planning and research. Any requests for release of the documents in this file are to be referred to the District Risk Manager and/or Tort Coordinator.

Responsibilities of the District Traffic Unit

1. Review traffic accident reports submitted by the Inspector-in-Charge.

2. Review changes or revisions to the Traffic Control Plan (TCP) recommended by the Project Engineer and, if in agreement, sign and date the revised plan. If major changes are being made, the District Traffic Engineer must date and seal the revised plan. When changes to the TCP are necessary, work with the District Construction Unit to ensure that they are implemented as soon as possible.

3. When a recurring accident problem arises on a project, the District Traffic Unit should inspect the work zone traffic control to see if any additional changes are necessary.

4. Maintain a file of any individual accident reports and project accident analysis for each construction project. See the statement regarding confidentiality above in the Responsibilities of the Inspector-in-Charge section and refer to Strike-off letter 470-00-09 for more specific details.

5. At the end of each construction season, meet jointly with the District Construction and Design Units to discuss work zone traffic control issues so that lessons learned can be incorporated into upcoming TCP designs. As a basis for discussion at this meeting, compile an accident summary for each project using the copies of individual Construction Zone Vehicular Accident (Crash) Report forms submitted by the Inspector-in-Charge throughout the construction season.

Reproduce this form as necessary

CONSTRUCTION ZONE VEHICULAR CRASH (ACCIDENT) REPORT

I. Project Information:

Engineering District _____ County _____ Municipality _____

State Route _____ Contract No. _____ WBS No. _____

Fed. Project No. _____ Contractor _____

Type of Construction _____ Length of Work Zone _____

Method of Traffic Control _____

Speed Limit through Work Zone (advisory, reduced regulatory, normal) _____

II. Accident (Crash) Information:

Type of Crash - Rear-end ☐ Hit Fixed Object ☐ Head-on ☐ Angle ☐ Side-swipe ☐ PED ☐ Non-Collision ☐ Unknown ☐

Fatalities: Yes ☐ Number if known ____ No ☐ **Injuries:** Yes ☐ Number if known ____ No ☐

Property Damage: Yes ☐ No ☐ _____

Date _____ **Time** _____ **Weather:** Sunny ☐ Cloudy ☐ Rain ☐ Snow ☐

Road Surface:

Condition				
Dry	Wet	Icy	Snow	Milled
☐	☐	☐	☐	☐

Type			
Leveling	BCBC	Wearing	Binder
☐	☐	☐	☐

Did accident involve a construction vehicle? Yes ☐ No ☐ _____

III. Traffic Control Information:

Roadway Type: 2-Lane, 2-Way ☐ Intersections ☐ 3-Lane, 2-Way ☐ Other ☐ _____
4-Lane or more, Divided or One-Way ☐ 4-Lane or more, Undivided ☐

Figure Number from Publication 213, _____ or WZTC Plan (phase/stage), _____

Crash in Lane (number in circle from sketch) _____

Location of crash within work zone
☐ Before Advance Warning Area ☐ Advance Warning Area
☐ Transition Area ☐ Activity (Work) Area
☐ End Transition Area ☐ Unknown

Contributing Factors: _____

_____

Note any changes or revisions that were made to the project's traffic control methods as a result of the accident and the date they were implemented.

_____

_____

_____

Note damage to Department property and, if any, state whether District Maintenance Unit was notified.

_____

_____

This traffic engineering and safety study is confidential pursuant to 75 PA C.S. § 3754 and 23 U.S.C. § 409 and may not be disclosed or used in litigation without written permission from the Pennsylvania Department of Transportation.

ASSISTANT CONSTRUCTION ENGINEER

PROJECT MATERIALS CERTIFICATION REVIEW

REPORT # _____

A PROJECT MATERIALS CERTIFICATION FOR _____

WAS CONDUCTED ON _____ BY _____,

ASSISTANT CONSTRUCTION ENGINEER.

THE REVIEW INDICATED THAT PROPER DOCUMENTATION IS/IS NOT BEING MAINTAINED.

THE FOLLOWING ITEMS WERE NOTED AND WERE/WERE NOT DISCUSSED WITH APPROPRIATE

PROJECT PERSONNEL.

_____ _____

ASSISTANT CONSTRUCTION ENGINEER DATE

FIRST AID KITS

The availability of first aid supplies to employees is required for treatment of minor injuries that occur in the workplace. Every facility must have a minimum of one first aid kit per 100 employee occupants. Every work crew must have a minimum of one first aid kit per crew at the job site.

PennDOT approved first aid kits must contain the following items:

1 oz. Eye Wash w/Pads
4 oz. Buffered Eye Wash
Adhesive Cloth Bandages, 1" x 3"
Alcohol Prep Pads
Bandage Compress, 2" Offset
Bandage Compress, 4" Offset
Burn Treatment Dressings, 2" x 2"
Burn Treatment Dressings, 2" x 6"
CPR Mask with 1-way Valve
Fingertip Bandages
Forceps & Scissors
Gauze Bandages, 2" x 6"
Gauze Compress, 1 Sq. Yard
Hydrocortisone, 1/32 oz.
Instant Cold Pack
Knuckle Bandages
Latex or Nitrile Gloves
Poison Ivy Cleanser Towelettes
PVP Iodine Wipes
Sting Relief Wipes
Triangular Bandages

The location of first aid kits must be clearly marked and easily accessible to employees. The supervisor of the unit or crew where a first aid kit is located is responsible for maintaining the contents in the kit. Quantities must be maintained to ensure that there are sufficient supplies for the employees accessing each kit. Items with expiration dates must be replaced before they expire. No pain or personal medications are permitted to be stored in these kits.

Hierarchy of Construction Documents

1. ***Contract***

   Official Governing Document
   Lists Special Provisions
   Supplemental Pub. 408 Specs.

2. ***X-Sections***

3. ***Plan***

4. ***Pub. 408***

5. ***BC/RC -Standards***

HAVE YOU PERFORMED YOUR WEEKLY WAGE CHECK?

OVERTIME PHILOSOPHY **PENNDOT Engineering District 10-0 Construction Unit**

Expectations

- There is no guarantee of overtime.
- Inspectors-In-Charge (IIC) do not have to be on the project during overtime.
    - The decision to stay on the project must be based on the complexity of the work and the skills/abilities of the inspectors assigned to the work.
    - Inspection responsibilities must be appropriately assigned to supervisors and/or inspectors.
- IIC shall set clear expectations for the extent and need of overtime for the inspection staff to follow before leaving the project.
- Contractors may perform work without inspection on an item to item basis at the IIC's discretion.
- Field documentation must be completed throughout the day on the jobsite. Overtime for field documentation is a rare exception.

Administration

- IIC shall maintain and set inspector work schedules using discretion, integrity, and common sense to insure the inspection staffing schedule is operationally sound.
- Shifts should be staggered and starting times adjusted with sufficient staffing when contractors are working long hours.
- Prior approval is required for all overtime
    - The ACE for IIC's and the IIC for inspectors must authorize overtime **prior** to working it.
- Department IIC must control consultant overtime.
- For temperature checks/cores on non-work days
    - Pay 3 hours minimum based on the actual hours worked. This includes travel time.
    - Employee must stay on project site and work on additional field documentation to get paid the minimum number of hours. Employee may opt to leave and be paid the actual hours worked.
- No charging time through lunch period except for extreme situations as directed by the IIC.
- Lunch periods should be adjusted in coordination with contractors schedule, critical activities, and staggered inspection.
- If time is charged through the lunch period the employee is ineligible for lunch expenses.

Assignment (Refer to Overtime Equalization Agreement)

- On projects staffed with Department and consultant personnel, Department personnel must be offered overtime prior to consultants by classification.
- Assign overtime from lowest charged hours to highest charged hours on the equalization chart until all available positions are filled. IIC must post equalization chart in the project field office.
- If an employee refuses assigned overtime, the hours will be charged in the equalization totals and will count as 1 refusal.
- If all employees wishing to be equalized refuse assigned overtime and all employees not wishing to be equalized do not wish to work the available overtime, invoke Master Agreement seniority within the equalization unit until all available overtime positions are filled. All those wishing to be equalized who do not work will be charged with the hours and count as 1 refusal. For the purpose of invoking seniority, consultant employees are the least senior.
- Failure to work mandatory overtime will result in appropriate disciplinary action.

Work following contractor's activities.

- Work will be scheduled daily based on the activities the contractor intends to perform:
    - Employee not guaranteed a 7.5 hour work day.
    - Guaranteed only 75 actual work hours per pay period.
    - Pay 3 hours minimum including travel time.
    - Exception is for overtime equalization purposes.

CS-4137 (4-11)

pennsylvania
DEPARTMENT OF TRANSPORTATION

FINAL INSPECTION FORM

S.R. _____ Sec. _____ County _____ District _____

Contract No. _____ Contractor _____

A Final Inspection of the above project or substantial project section was held on _____.

ATTENDEES:

1. All physical work is satisfactorily completed.

   Date of Physical Work Completed _____.

   _____
   (PennDOT)

2. The inspection revealed that physical work items, as noted on the attached punchlist form must be completed or corrected to ensure compliance with the contract. With the exception of those physical work items identified on the punchlist form, the Contractor is relieved of responsibility for further physical work and maintenance, for satisfactorily completed work items on the project

   _____
   (PennDOT)

3. The contractually required certificated and/or documents, as noted on the attached list, must be furnished and completed in order to prepare the project for final acceptance.

   _____
   (PennDOT)

4. All contractually required certificated and/or documents have been furnished and are satisfactory.

   _____ Date _____
   (PennDOT)

5. On the following designated section of the project, physical work items have been satisfactorily completed and contractually required certificates and/or documents have been furnished; with the exception of those physical work items and/or required documents identified on the attached punchlist form. The Contractor is relieved of responsibility for further work,and maintenance, for satisfactorily completed work items on the section.

   Section Description _____ Sta. to Sta. _____

   _____ Date _____
   (PennDOT)

6. All physical work items have been satisfactorily completed and all contractually required certificates and/or documents have been furnished. I recommend an Acceptance Certificate be processed relieving the contractor of further responsibility on this project.

   _____ Date _____
   (PennDOT)

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_____ OF _____

PUNCHLIST FORM

Contract No. _____ S.R. _____ Sec. _____

PHYSICAL WORK

ITEM/ACTION	DATE COMPLETED	DEPARTMENT VERIFICATION

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DEPARTMENT OF TRANSPORTATION

_____ OF _____

PUNCHLIST FORM

Contract No. _____ S.R. _____ Sec. _____

REQUIRED DOCUMENTS

ITEM/ACTION	DATE COMPLETED/ RECEIVED	DEPARTMENT VERIFICATION
If applicable to this project: • Compliance with Pub. 408, Section 105.02(d) Bridge Shop Drawings. • The final EO-402 report must be submitted prior to project acceptance. • Post-Installation pipe inspection report must be on file prior to project acceptance. (CS-600) • Post-Installation 100 year design life pipe inspection report must be on file prior to project acceptance. (CS-601)		

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DEPARTMENT OF TRANSPORTATION

_____ OF _____

PUNCHLIST FORM

Contract No. _____ S.R. _____ Sec. _____

REQUIRED DOCUMENTS

ITEM/ACTION	DATE COMPLETED/ RECEIVED	DEPARTMENT VERIFICATION

CS-6 (11-13)

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

PIPE INSTALLATION INSPECTION FORM

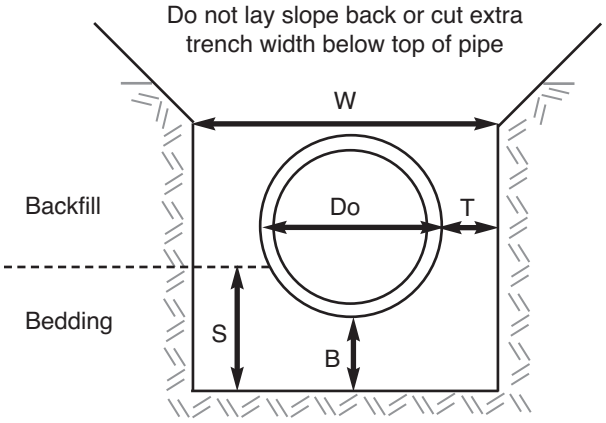
Project # _____ County, Route & Segment _____

Inspector _____ Installation Date _____

Item # _____ Ref. # _____ Producer Code _____ Contractor _____

Description _____

Station _____ Plan Page _____ Pipe Mat'l (RCP, Metal, HDPE, Iron, Other) _____



Pipe Size _____ inches

W = Width of trench at Top of Pipe _____ feet

Refer to RC – 30M
Note: Trench or shoring walls to be vertical to Top of Pipe

B = Thickness of bedding under pipe. _____ inches

T = Outside diameter of pipe to trench wall. _____ inches

S = Total Depth of bedding. _____ inches

Do = Outside diameter of pipe _____ inches

Trench & Bedding Checks* (Actual Field Measurements)

Check Stations & Location	T	W	B	S	Do	Initial	Date

* Check every 50 feet, with a minimum of two checks per run.

Field Measurements (Depth - ft)	Grade Check Method (Ruler, laser)	Backfill (Document density using TR-478A or TR 4276A)							Date
		Compaction Method/ Equipment	Soil or Aggregate Type	% passing 3/4" sieve	Lift Thickness (inches)	Density required (% SPD)	# compactor passes/lift	Inspector's Initials	
0' - 3'						100 %		mmm	
3' -						100 %			
						100 %			
						100 %			
						100 %			

Type of Joints (601.3d) _____ Joints Installed Satisfactorily?. . . . . ☐ Yes ☐ No

Materials: Certified or Tested and approved prior to incorporation into the project? . . . . . ☐ Yes ☐ No

All pavement undermining cut back and removed prior to compaction? . . . . . ☐ Yes ☐ No

Remarks: Record problems, soft foundations, under cuts, rock, obstructions, utilities encountered, deviations, etc. Describe and note location of existing conduits encountered, whether connected, plugged and abandoned, reconnected, etc.

Sketch Area:

Inspector's Signature Date

By signing below, I certify that my company performed the work, the information on both pages of this form is accurate, the work complied with Publication 408, including Section 601 and references therein, and any deviations are noted on this form.

Name (print): _____ Title: _____

Company Name: _____

Signature: _____ Date: _____

CS-600 (6-04)
Reproduce Locally

POST INSTALLATION
PIPE INSPECTION REPORT

SR _____ Section _____
County _____
ECMS/CMS # _____

Item Number	Description	Location/Station	Verified CONTRACTOR DATE &NAME	Verified DEPARTMENT DATE&NAME	Remarks

CS-601 (3-12)

pennsylvania
DEPARTMENT OF TRANSPORTATION

POST INSTALLATION 100 YEAR DESIGN LIFE PIPE INSPECTION REPORT

PIPE TYPE: ☐ CONCRETE ☐ METAL ☐ THERMOPLASTIC

ECMS #:	S.R.:	SECTION:	DATE:	TIME:
CONTRACTOR PERFORMING INSPECTION:				
EQUIPMENT TYPE:				
ANALYSIS SOFTWARE & VERSION:				
ITEM #:	DESCRIPTION:			
LOCATION/STATION:		DATE PLACED:	PIPE LENGTH (FEET):	
WEATHER CONDITIONS AT TIME OF INSPECTION:				
PIPE CONDITIONS (i.e. STANDING WATER, DEBRIS, ETC.):				
INTERNAL DIAMETER (INCHES):		ALLOWABLE JOINT TOLERANCE (INCH):		
ALLOWABLE DEFLECTION / MANUFACTURING TOLERANCE (INCHES):				

Joint Separation:

Crack/Gouge Widths, Lengths and Location:

Spalls, Dents, Buckling or Seam Separation:

Evidence of Leakage or Soil Intrusion:

Loss of Coating/Oxidation:

Deflection and Ovality/Dimensional Tolerance:

Vertical Alignment (i.e. Ponded Water):

Inspection Revealed Deficiencies Exceeding Specification Limits: . . . . . ☐ YES ☐ NO

Prime Contractor Notified a Pipe Remediation Plan is Required:. . . . . ☐ YES ☐ N/A

Contractor Representative: _____ Signature: _____

Department Representative: _____ Signature: _____

SAVE AS Clear Form PRINT

Mitigation Notification Form

Date: _____

To: District Environmental Manager

From: _____

Purpose:
As part of a recent FHWA oversight audit on environmental controls on construction projects, it was noted there is insufficient communication between the District Construction Unit and the District Environmental Unit on the construction of mitigation measures on projects. The following procedure was developed to ensure the District Environmental Unit is notified before work begins on mitigation sites and again after the mitigation sites are complete.

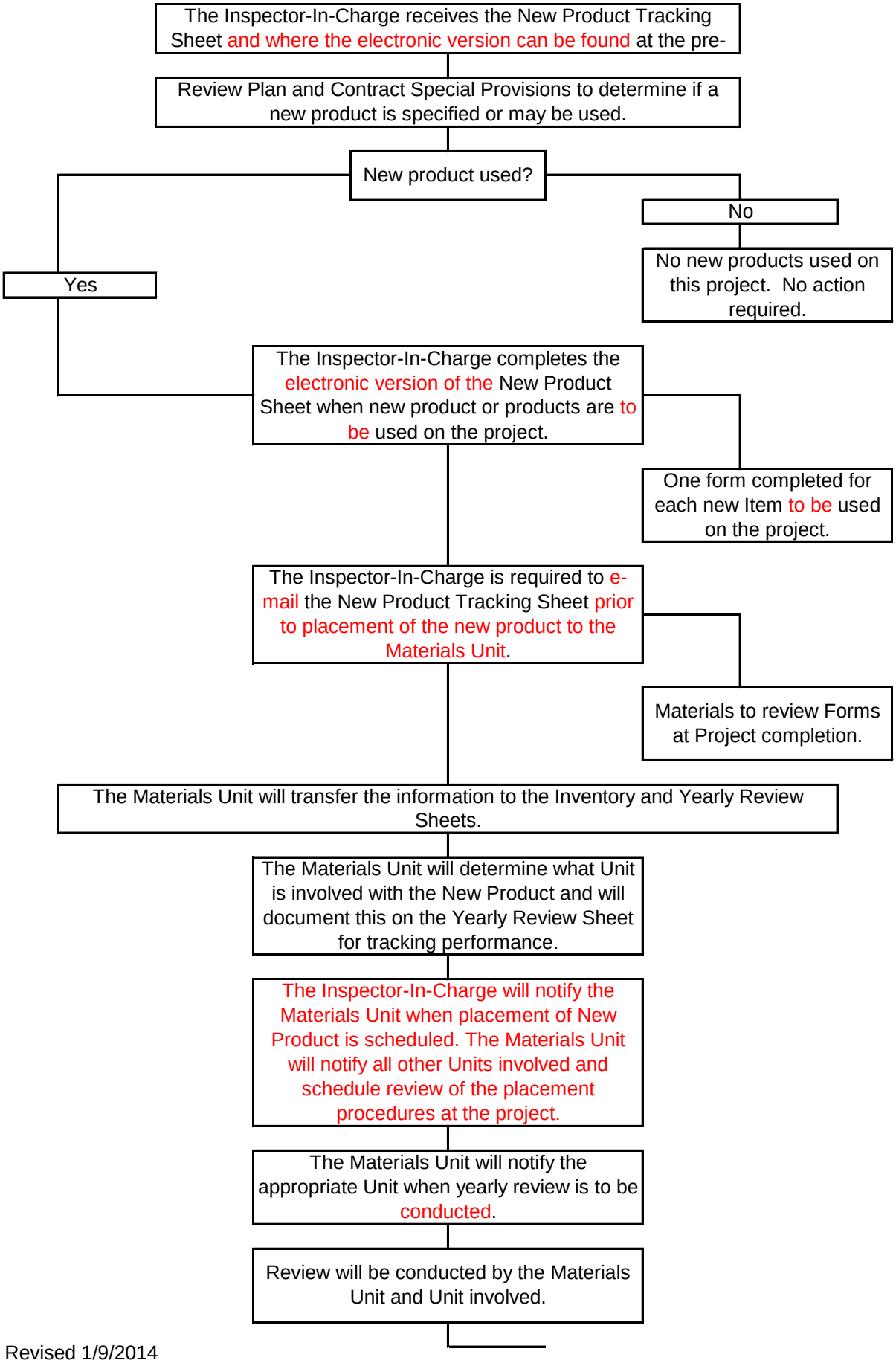
Project Name: _____
ECMS#:_____
County: _____
SR/Section: _____
Date Work to Begin: _____
Date Work Complete: _____

Mitigation Work Description

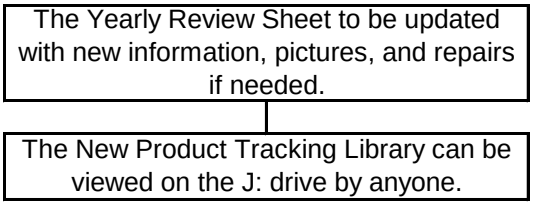
_____
_____
_____
_____
_____
_____

This form is located on the LAN at J: /Construction/Forms

NEW PRODUCT TRACKING



Revised 1/9/2014


The Yearly Review Sheet to be updated with new information, pictures, and repairs if needed.
The New Product Tracking Library can be viewed on the J: drive by anyone.

New Product Tracking

Product Description:		Log Number:	
		Project (SR/Sec):	
		ECMS:	County:
Structure/ Station/ Seg-Offset Used:			
Manufacturer:	Address:	Phone Number:	Bulletin 15 Listing
Approval Method:		Sample to MTD	Y/N
Contractor Information:	Address:	Phone Number:	Superintendent:
Product Use:			
Project Manager:		Date Installed:	
Warranty Information:	Duration:	Expiration Date:	
Installation Method:			
Special Requirements and Future Issues to be tracked:			

Please add attachments below. (Pictures and scan of manufacturers paperwork)
Example

CORRECTIVE/PREVENTIVE ACTION REQUEST

Rev1/13

CPAR - _____

TO: tboyer@pa.gov_ (Man. Rep.) **FROM:_____**

CC:_____ **DATE:_____**

A. Corrective/Preventive Action Request *(Please complete a separate form for each item)*:
In the space below describe the issue/problem/situation or customer complaint and the root cause of issue.

Signed: _____ Date: _____

(When section A has been completed, forward this form to the Management Representative)

Received by Management Representative: Signed_____Date: _____

Assigned to:_____Date: _____ Response requested by: Date_____

B. Corrective/Preventive Action Response (Describe the Corrective/Preventive action to be taken, estimated completion date and means of verification of closure.)

Signed_____ Date: _____
(When section B has been completed, return to the Management Representative)

C. Review of Corrective/Preventive Action implementation Comments:

Signed_____Date: _____
(Management Representative)

8.5.3 Preventative Action

Purpose:
To define the process for the identification and implementation of preventive actions and for opportunities for improvement.

Scope:
Applies to all District 10 Construction Unit operations

Reference Documents:
- ISO 9001:2008, Section 8.5.2
- Corrective/Preventive Action Request form

Procedure:

Any individual in the Construction Unit can generate a request for Preventive Action using the Corrective/Preventive Action Request form. All Corrective/Preventive Action Request forms shall be forwarded to the Management Representative who shall be responsible for evaluating or assigning the evaluation of the request. If the request is to be acted on, the management representative shall assign responsibility for action.

Our process for addressing preventive action includes the following activities:
1. Include preventive action as an agenda item at each Management Review meeting;
2. The Management Representative shall identify for Management Review areas of potential non-conformity for consideration and related causes;
3. Management Review participants shall decide what, if any, action shall be taken;
4. A record of the nonconformity and result of the action taken will be documented and achieved;
5. Following-up at subsequent Management Review meetings to assure that the actions taken have had the desired impact.

All preventive actions shall be logged on the Corrective/Preventive Action Request Log and considered for input to Management Review.

ENGINEERING DISTRICT 10-0
HAZARD IDENTIFICATION REPORTING FORM INSTRUCTION SHEET

~ NOTE ~

USE OF THE HAZARD IDENTIFICATION FORM DOES NOT REPLACE EXISTING POLICIES AND PROCEDURES FOR RESOLUTION OF SAFETY ISSUES BETWEEN LABOR AND MANAGEMENT.

- ☐ This form is to be used by each District Unit and each County Maintenance Unit.

- ☐ This form is to be completed by either individual(s) or Safety Committee(s).

- ☐ This form should be transmitted to either the District Unit Head or the County Manager by any means (i.e.: through Supervisor, FAX, mailing, etc.)

- ☐ SECTION 1:
  This section should be completed by providing a brief, detailed description of both the hazard and the solution to the hazard.

  It is hoped that the individual or group completing the form and the Supervisor can reach a solution to the hazard identified and implement it at this level. If this occurs, the follow-up date should be scheduled for at least 3-4 weeks or sufficient time to determine if the solution was acceptable. When the follow-up date is determined, the form should be forwarded to the office to be placed in tickle file.

  If a solution can not be made between the submitting individual(s) and the Supervisor, the form should be forwarded to either the District Unit Head or County Manager for completion of Section 2.

- ☐ SECTION 2:
  It will be the responsibility of the District Head or County Manager to meet with local AFSCME Leadership to further define the hazard and its solution. Once a solution is implemented, a follow-up date should be scheduled for at least 3-4 weeks or sufficient time to determine if the solution was acceptable. When the follow-up date is determined, the form should be forwarded to the office to be placed in tickle file.

  Once a solution has been followed-up and found acceptable, the form will be distributed District-wide and placed on the Summary of Hazard Identification/Solution/Implementation form.

  If a solution can not be made at this level, the District Unit Head or County Manager will forward on to the District Safety Committee for completion of Section 3.

- ☐ SECTION 3:
  It will be the responsibility of the District Safety Committee to further define the hazard and its solution. Once a solution is implemented, a follow-up date should be scheduled for at least 3-4 weeks or sufficient time to determine if the solution was acceptable. When the follow-up date is determined, the form should be forwarded to the office to be placed in tickle file.

Once a solution has been followed-up and found acceptable, the form will be distributed District-wide and placed on the Summary of Hazard Identification/Solution/Implementation form.

If a solution can not be made at this level, the District Safety Committee will forward on to the Central Office for advice and suggested solution(s).

~NOTE ~

It is required of each District Unit and County Organization to summarize all hazard identification forms on the Summary of Hazard Identification/Solution/Implementation Form and submit to the District Safety Coordinator at the end of each quarter.

1000/JES/esm
hazinstr.doc
12/04/98

HAZARD IDENTIFICATION – INSERT COUNTY NAME!! | **FORM #** _____

Date: _____ Submitted by: _____

Define Potential Hazard and Location: _____

_____

_____

Solution: _____

_____

_____

Implementation By: _____ Date: _____

Follow-Up Date: _____ Acceptable: _____ Rejected/Reason: _____

County Manager/District Unit Head/First Level Supervisor/Local AFSCME Leadership

Solution: _____

_____

_____

_____

☐ Referred to District Safety Committee

Date: _____

☐ Solution Implemented

By: _____

Date: _____

☐ Form mailed District-wide

Date: _____

Level of Hazard

☐ High

☐ Medium

☐ Low

Hazard Opportunity

☐ Daily

☐ Weather Related

_____

_____

☐ Seasonal

_____

☐ Other

_____

Follow-Up Date: _____ Acceptable: _____ Rejected/Reason: _____

District Safety Committee

Solution: _____

_____

_____

☐ Referred to Central Office

_____

Date: _____

☐ Solution Implemented

Date: _____

☐ Form mailed District-wide

Date: _____

Follow-Up Date: _____ Acceptable: _____ Rejected/Reason: _____

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hazard.doc

TRAFFIC BARRIER PRE-INSTALLATION REVIEW CHECKLIST

ECMS/MPMS # _____

DATE OF INSPECTION _____

COUNTY _____

STATE ROUTE _____

SECTION _____

ATTENDEES:

☐ INSPECTOR-IN-CHARGE
☐ DISTRICT GUIDERAIL MENTOR OR REPRESENTATIVE
☐ CONTRACTOR REPRESENTATIVE
☐ FHWA TRANSPORTATION ENGINEER OR REPRESENTATIVE
☐ DISTRICT DESIGN UNIT REPRESENTATIVE
☐ DISTRICT CONSTRUCTION UNIT REPRESENTATIVE

REQUIRED REVIEW ITEMS:

1) BARRIER LENGTH OF NEED:
   a) ADEQUATELY SHIELDING OBSTRUCTIONS AS DESIGNED? ☐ YES ☐ NO

   b) TERMINATES IN BEST LOCATION AS DESIGNED? ☐ YES ☐ NO

2) END TREATMENTS/ BARRIER TERMINATION POINTS:
   a) APPROPRIATE TYPES CHOSEN FOR EACH LOCAITON? ☐ YES ☐ NO

   b) TYPE I END TREATMENTS PROPERLY LAD OUT AS PER RC-54M? ☐ YES ☐ NO

3) SLOPES AND GRADING:
   a) ADEQUATE SLOPES PROVIDED IN FRONT OF THE PROPOSED LOCATIONS?
   ☐ YES ☐ NO

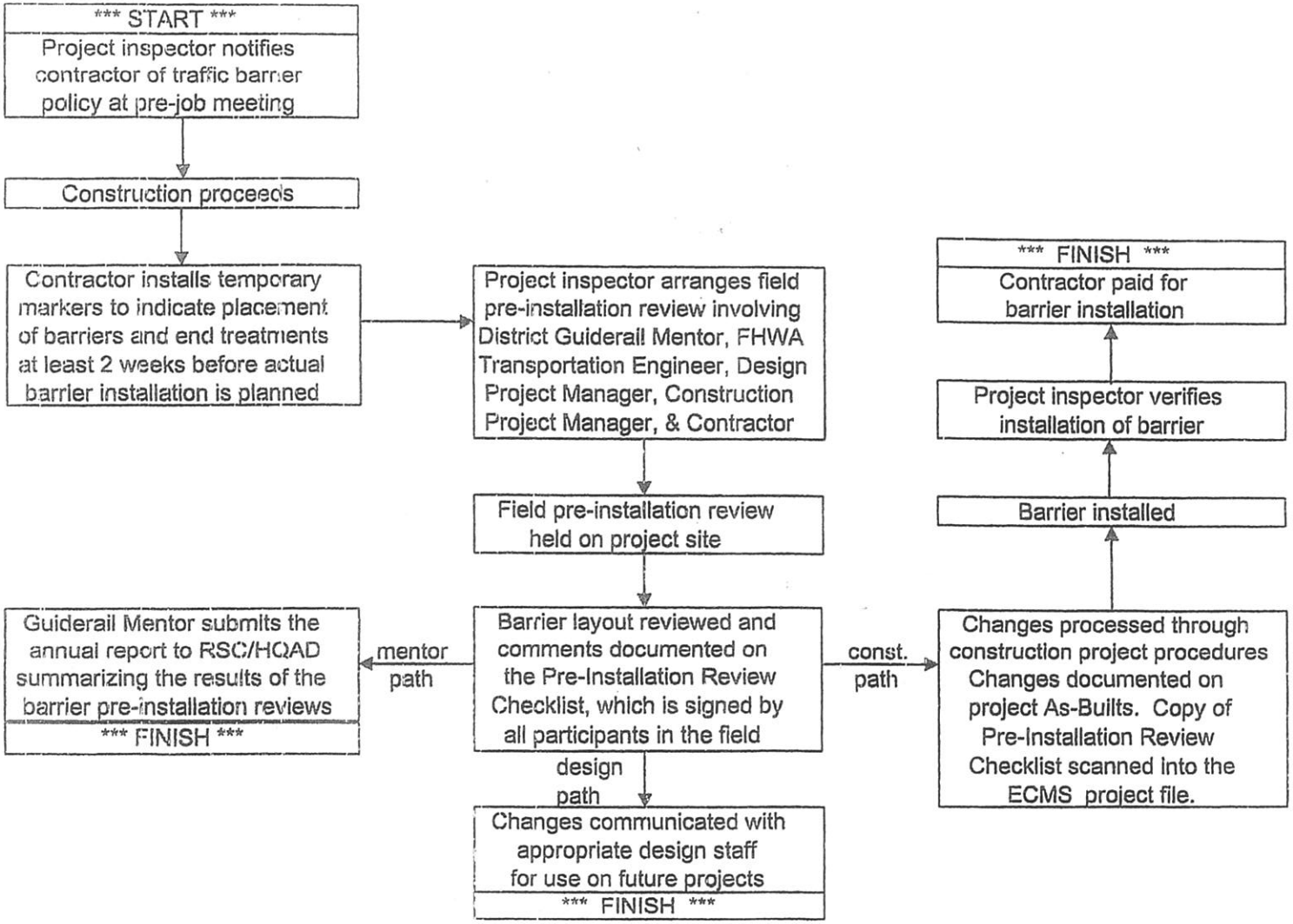
   b) ADEQUATE GRADING PROVIDED AROUND THE END TREATMENTS AS DESIGNED?
   ☐ YES ☐ NO

   c) PROPER BACKUP PROVIDED AROUND THE END TREATMENTS AS DESIGNED?
   ☐ YES ☐ NO

4) MICELLANEOUS:
   a) ARE ALL BARRIER INSTALLATIONS WITHIN THE WORK ZONE WARRANTED?
   ☐ YES ☐ NO

PROCESS FLOW MAP FOR TRAFFIC BARRIER PRE-INSTALLATION REVIEW

(applies to all interstate, expressway, and federal oversight projects which involve traffic barrier)



TRAFFIC BARRIER PRE-INSTALLATION REVIEW CHECKLIST

b) HAVE ALL WARRANTED LOCATIONS WITHIN THE PROJECT BEEN PROTECTED? ☐ YES ☐ NO

c) ARE ALL SLOPES REQUIREING BARRIER PROTECTION CONSTRUCTED TO THE FLATTEST SLOPES POSSIBLE GIVEN THE PROPOSED SITE CONDITIONS? ☐ YES ☐ NO

1. IF NOT, AND THERE IS AVAILABLE MATERIAL TO FLATTEN THE SLOPES, WILL THE SLOPES BE FLATTENED? ☐ YES ☐ NO

IF ANY OF THE ABOVE WERE ANSWERED 'NO', PROVIDE COMMENTS AS NECESSARY. COMMENTS SHOULD CLEARLY INDICATE WHAT ACTION MUST BE TAKEN TO CORRECT ANY DEFICIENCIES ENCOUNTERED DURING THE REVIEW:

1a.	
1b.	
2a.	
2b.	
3a.	
3b.	
3c.	
4a.	
4b.	
4c.	

TRAFFIC BARRIER PRE-INSTALLATION REVIEW CHECKLIST

SIGNATURES:

_____

(INSPECTOR-IN-CHARGE)

_____

(DISTRICT GUIDERAIL MENTOR OR REPRESENTATIVE)

_____

(CONTRACTOR REPRESENTATIVE)

_____

(FHWA TRANSPORTATION ENGINEER OR REPRESENTATIVE)

_____

(DISTRICT DESIGN UNIT REPRESENTATIVE)

_____

(DISTRICT CONTRUCTION UNIT REPRESENTATIVE)

PA-1 (12-06)

Guidelines For Required Information For Police Arrest

(Check All Boxes That Apply)

Location of Incident:

County: _____ Township/Boro.: _____ Local Name: _____

S.R.: _____ Seg/Off: _____ Milepost: _____

Description of Vehicle:

☐ Car ☐ Truck ☐ Tractor Trailer ☐ Motor Home ☐ Motorcycle ☐ Other: _____

Truck Co. Name (if applicable) _____

Color: _____ Make: _____ Model: _____

Plate # *(Vehicle/Trailer)*: _____/_____ State: _____ Other Markings: _____

Driver: ☐ Male ☐ Female Age: _____ Hair Color: _____ Clothing: _____

Number/Description of Occupants: _____

Travel Direction: ☐ North ☐ South ☐ East ☐ West

Descriptive Statement of Incident: **(Include: Who, What, When, Where, Why, and How)**

_____

_____

_____

Date: _____ Time: _____ AM _____ PM Weather: _____

Can any witnesses identify the driver? ☐ Yes ☐ No

Description of Work Zone:

_____

_____

_____

Warning signs in place? ☐ Yes ☐ No **Flagger?** ☐ Yes ☐ No **Operation Type?** ☐ Moving ☐ Stationary

Regulatory Posted Speed? _____ MPH

WITNESSES	NAME	ADDRESS	TELEPHONE NUMBER

Reported By: _____ **Date:** _____ **Reported to Police:** ☐ Yes ☐ No

If Yes: Police Barracks: _____ **Officer's Name:** _____

Guidelines for Required Information For Police Arrest Form

The attached form will be used to assist police and report near misses in work zones. Please follow these guidelines when filling out this form:

1. Note as much information as possible – details are imperative.

2. List witnesses.

3. Call the police immediately after the incident.

4. Immediately after the incident fax a copy to the Safety Press Officer in your District Office.

5. Violations of Sections 3102 and 3326 of the Pa. Motor Vehicle Code should also be considered by police. In addition, if obscene language is used, police can file a charge for disorderly conduct.

OS-600 (3-89)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF TRANSPORTATION

DATE: April 11, 2008

SUBJECT: ITS Device Access Security Procedures

TO: All District Executives

FROM: Daryl R. St. Clair, P.E., Director
Bureau of Highway Safety and Traffic Engineering

The Bureau of Highway Safety and Traffic Engineering (BHSTE) has developed ITS device access security procedures to prevent unauthorized individuals from posting unapproved messages on Dynamic Message Signs (DMSs) and Highway Advisory Radios (HARs). These security procedures were routed to all Districts by clearance transmittal, and a comment resolution summary has been included as an attachment. All DMSs and HARs operated by District personnel (Office and Construction) and County personnel must comply with the terms of this policy. For purposes of this policy, DMSs and HARs refer to both permanent and portable device types, unless otherwise stated.

The Department utilizes DMSs and HARs as a tool to improve traffic management, congestion management, incident management, etc. within work zones (construction and maintenance) and for permanent use along our highway system. Permanent DMSs and HARs are generally operated by dedicated personnel within the District's Traffic Unit or Traffic Management Center (TMC). Temporary DMSs and HARs for construction and maintenance activities are generally operated by personnel at on-site construction projects, at County Maintenance Offices or at the device. Regardless of the permanent or temporary nature of the DMSs or HARs, the security procedures captured in this policy are applicable to all responsible personnel.

All individuals that have access to DMSs and HARs must be known and tracked by Department personnel at all times by maintaining a "DMS and HAR Access List (DHAL)". The responsible personnel outlined below must maintain an accurate, current DHAL of all individuals (Department and Contracted) that have access to all DMSs and HARs. The DHAL must be updated the next business day upon the authorized addition or removal of an individual(s) to access any DMSs and HARs. The DHAL must also track the actual DMS and/or HAR each individual is authorized to access and the username and password for each device. Only the responsible personnel or designee listed below are authorized to approve any changes to the DHAL. The DHAL must be maintained on paper in a locked desk or on a shared drive that is password protected. The responsible personnel that follow must maintain the DHAL for all DMSs and HARs operated by the Department and Department Contractors:

- Permanent DMSs and HARs owned by the District – District ITS Coordinator or District Traffic Engineer (or designee).
- DMSs and HARs used specifically for a construction project – Department Project Resident Engineer or Assistant Construction Engineer (ACE) (or designee).
- DMSs and HARs owned and operated solely by County personnel – County Maintenance Manager or Assistant County Maintenance Manager (or designee).

There are two (2) methods for posting messages on DMSs and HARs, which are: 1) messages posted on the device on-site; and 2) messages posted on the device remotely via software and telecommunications. All DMSs and HARs shall be username and password protected at all times for on-site and remote operations. The procedures for various types of access/control of DMSs and HARs are as follows:

New DMSs and HARs (permanent or temporary):
Upon receipt of a new device, responsible personnel must change the default username and password assigned by the manufacturer immediately. The default username and password shall be changed at the device for on-site operation and within the vendor provided software for remote access. Complete the DHAL report once personnel access, usernames and passwords are defined.

Existing DMSs and HARs (permanent and temporary devices):
Responsible personnel for all DMSs and HARs operated by the Department or Department contractors shall change the username and password within software for remote device access immediately. All portable DMSs and HARs operated temporarily for construction and maintenance activities shall change the username and password on the actual device immediately. Update the DHAL to reflect all changes.

DHAL personnel turnover:
Any personnel that must be removed from the DHAL, whether Department or Contracted, for any reason requires password resets for on-site and remote DMSs and HARs access and operation, for which that particular personnel had access, within one business day of departure. Update the DHAL to reflect all changes.

Remote access to a Traffic Management Center (TMC):
Certain Districts allow off-hour access into the TMC using remote dial-in software (e.g., PC Anywhere) to use the TMC computers as a host. Username and password access must be changed immediately within this software and upon DHAL personnel turnover (as defined above). Update the DHAL to reflect all changes.

All "responsible personnel" defined in this policy must have the DMS and HAR Access List (DHAL) and required username and password resets, as defined by this policy, completed immediately upon receipt of this policy memo.

All DMS and HAR devices must have a physical locking system. If a manufacturer's locking system device is not part of the original equipment, then some form of a locking mechanism must be used (e.g., a padlock) to prevent unauthorized access to the equipment. This locking function must be implemented immediately. Usernames and Passwords shall not be included within the housing of the device.

Should you require any additional information please contact Steven L. Koser, P.E., Chief, ITS Division, Bureau of Highway Safety and Traffic Engineering, at (717) 787-3393.

Attachment

4700/MEP(3-4579)/tls(7-3393)

cc: All District Traffic Engineers
All ITS Coordinators
All ADEs of Maintenance
All ADEs of Construction
All Highway Administration Bureau Directors
District 6-0 ADE of Services
Jill Reeder, Chief Information Officer
Steve Grimme, P. E., Special Assistant to Deputy Secretary
Chris Reilly, Special Assistant to Deputy Secretary
Steven Koser, P.E.
James Tenaglia, P.E.
Girish Modi, P.E.
Glenn Rowe, P.E., P.T.O.E.
Matthew Weaver, P.E.
Douglas Tomlinson, P.E.
Robert Pento, P.E.
William Laubach
Brenda Murphy
Michael Pack
ITS/CMD Reading File

ITS DEVICE ACCESS SECURITY PROCEDURES
COMMENT RESOLUTION SUMMARY ATTACHMENT

COMMENT RESOLUTION SUMMARY				
No.	**Org.**	**Vote**	**Comment / Section**	**Resolution**
1	0100	Approved	Agree with the locking mechanisms – all of our devices require a key for access	
			Will try best we can to meet other elements of the policy but will require a major effort by all designated personnel to keep up with the many changes which must be tracked and logged. Policy indicates permanent devices are operated by "dedicated personnel". There are no personnel dedicated solely to ITS in 1-0. (Add-on duties for traffic unit, sign foremen, etc.) Many projects (and project engineers) with ITS devices. Many portable county DMS – not confident that policy will be strictly adhered to long term. Discussed with BOMO?	The monthly password change requirement has been deleted. Following the other terms of this policy voids the need to change passwords monthly. All ADEs of Maintenance received this Clearance Transmittal.
			Biggest concern is that policy could lead to some confusion regarding passwords resulting in delay of message display or no message display.	Deleting the monthly password change requirement should address this concern.
			ITS maintenance contractors will have to be part of the DHAL. May have several technicians and will have to have access to new password information.	The ITS coordinator, or designee, will need to include ITS maintenance contractor personnel on the DHAL.
			With regional TMC's, the DHAL list could be extensive. Will we be able to track changes adequately? Is there a regional DHAL?	This will only impact permanent DMS and HAR when accessing remotely. This will be further addressed in the RTMC Standard Operating Procedure (SOP) documents.
			This has not been much of an issue in the past. Will policy be foolproof enough to be worthwhile?	The recent breach in security occurred at an unlocked device that had the same password as assigned by the manufacturer. This policy targets this type of security

COMMENT RESOLUTION SUMMARY				
No.	Org.	Vote	Comment / Section	Resolution
			HAR's are not password protected at the site.	breach. OK. Be sure to follow other aspects of this policy that will assist in protecting HAR.
2	0200	Approved	No comments	
3	0300	Approved	We strongly object to the requirement of changing both User name and passwords monthly for the below reasons: 1. This policy may render our district unresponsive during an emergency situation. 2. Being a rural district we do not have a dedicated TMC staff and most of our boards are accessed by county maintenance. Instead a permanent staff we call on the many to fill in on as needed basis to respond to incidents and emergencies in addition to their normal job assignments. 3. Distributing monthly username and passwords changes to the staff is counter productive. There is an increased risk of denied access during an incident, if the passwords are totally unique each month. 4. If the passwords change systematically or only slightly each month for ease of memory then the effectiveness of changing the passwords is diminished. 5. Having county personnel travel to each device to change the passwords each month adds to their already busy schedule.	The monthly password change has been deleted as following other aspects of this policy will meet the intent.

COMMENT RESOLUTION SUMMARY				
No.	**Org.**	**Vote**	**Comment / Section**	**Resolution**
			6. Changing password frequency should be up to the responsible person maintaining the DHAL (VMS & HAR access list); based on changes in staffing and periodically as needed.	
4	0400	Approved	No Comments	
5	0500	Approved	The security benefits of having a DHAL are not clear since there are normally multiple users for all devices.	The DHAL must keep track of all personnel that have access to all devices. A major password change requirement of this policy is based on device access turnover.
			More definition would be needed to determine what circumstance would require a password change. Routine and frequent personnel changes could cause frequent changes.	The monthly password change requirement has been deleted.
			Updating usernames, passwords, and PC-Anywhere passwords on any scheduled basis would be error prone and detrimental to reliability and response time. This is especially true for District personnel that are in many cases part time 24/7 on-call emergency basis only. For county personnel, they may not use the message boards on a monthly basis and would be changing passwords on an irregular basis or on equipment sitting in a stock pile.	The monthly password change requirement has been deleted.
			Changing usernames and passwords at the field devices is time consuming. We recently did this	The monthly password change requirement has been deleted.

COMMENT RESOLUTION SUMMARY				
No.	Org.	Vote	Comment / Section	Resolution
			with the Districts 26 semi-permanent DMS (does not include the 12 message boards owned/operated by the county maintenance offices). It took 24 man-hours to drive the District and change the passwords and then test each devise for functionality. The more DMS, the more time this will take. It is agreed that locking all equipment is an important and necessary precaution. FYI, the AMSIG boards we recently secured required 4 such locks each (control cabinet, hydraulic compartment, and two battery compartments). We agree, changing manufacturers default username and password is a very good idea.	
			We agree that having a master list of the usernames and passwords for Department owned equipment is a good idea. That should be one master list for both the county and district equipment that is maintained by the District ITS coordinator.	Added language in the policy ("or designee") to allow other positions to be assigned the DHAL task.
			We agree locking the equipment is a necessity.	
			We suggest providing a formal training checklist for users. With the training, maintain a list of those that have received training and that have been given username and password information. Training can be performed by a District or designated County training coordinator. During training, users should be instructed in the need	District level training may be provided if the need exists.

COMMENT RESOLUTION SUMMARY				
No.	**Org.**	**Vote**	**Comment / Section**	**Resolution**
			for security and to not share the passwords. In the rare event that the passwords would have to be changed, the District ITS coordinator would lead that effort and be responsible for informing all those on the list of trained users with new password information. The procedures do not address PA State Police usage. The contractors need to have input in this policy since they typically own and maintain the DMS board during construction.	This is acceptable assuming that all required Construction and Maintenance personnel report directly to the ITS Coordinator to meet the requirements set forth by this policy. All personnel granted access to DMS or HAR must be included in the DHAL. It will be the responsibility of the project R.E. or A.C.E. to ensure contractors are adhering to the terms of this policy.
6	0600	Approved	No Comments.	
7	0800	Approved	No Comments	
8	0900	Approved	No Comments	
9	1000	Approved	Our permanent DMS and HAR devices are protected by username and password in our ITS system. The device cabinets are also locked in the field. Access to these devices are limited to our ITS staff, ACMM, and Maintenance Contractor. Our permanent DMS and HAR system creates a log showing user access. This log is only available to administrators of the system, in our case our IT staff and myself. Changing passwords monthly will not change our ability to view who accesses the system. Users can change their passwords anytime they are logged on the system. It does not make sense to keep a list of	The monthly password change requirement has been deleted. If the "system" is logging username and passwords for individuals, then the username and password does not need to be logged on the DHAL, however a DHAL must be maintained to include other requirements as defined in this policy. This is assuming a Department representative has administrative access to the software and can view all individual usernames and

COMMENT RESOLUTION SUMMARY				
No.	Org.	Vote	Comment / Section	Resolution
			user passwords, when we are able to track their access to our system through user logs. Our County Maintenance offices have their portable message board cabinets locked. The boards are stored at the county office unless needed in an emergency.	passwords at any time.
			Changing the passwords on portable devices monthly seems inefficient and ineffective. These portable boards are shared among counties during emergencies. Having a different password each month may result in our maintenance personnel transporting the boards to be denied access. Having numerous usernames and passwords will require specific individuals to be available to transport the boards and program them. We feel keeping the cabinets locked should address the concern with access. Our Clarion County office set up a new user name and password on a portable board. After making this change, the preset password still allowed access. They were not able to erase the preset password from the system. If we cannot erase the preset password from the message boards, setting new passwords is ineffective.	The monthly password change requirement has been deleted.
			DMS on construction projects are operated by the contractor. Our construction staff is following up with the contractors to make sure the DMS are secured with locks and passwords. Since our field staff do not program these boards (which are being rented), can we require a list of	The responsible maintainer of the DHAL for construction project devices is the project R.E. or A.C.E. The designated responsible individual must work with the contractor to ensure the terms of the policy are met.

COMMENT RESOLUTION SUMMARY				
No.	**Org.**	**Vote**	**Comment / Section**	**Resolution**
			usernames and passwords from the contractor? If a DMS is changed, the contractor is currently the responsible party.	
10	1100	Approved	The way we restrict this is that an operator has to have a password, first to access the TMC system, then also has to have another password to access the software used for controlling the devices. Once an operator is no longer in the TMC, their account is locked. Since the TMC is the only people that operate any of the devices, we do not have issues with anyone else controlling DMS.	If the only remote access to DMS and HAR is via a central control software with specific TMC operator defined user names and passwords, then the only change that needs to take place upon the departure of an operator is to simply retire that specific username and password.
11	1200	Approved	No Comments.	